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A

PRACTICAL COMPENDIUM

OF THE

DISEASES OF THE SKIN,

WITH CASES;

MANCHESTER ROYAL INFIRMARY

INCLUDING

A PARTICULAR CONSIDERATION OF THE MORE FREQUENT AND INTRACTABLE FORMS OF THESE AFFECTIONS.

BY

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TO

SIR HENRY HALFORD, BART. G.C.H. F.R.S

PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS,

PHYSICIAN TO THE KING, ETC.

THIS WORK, ON THE DISEASES OF THE SKIN,

IS, WITH HIS KIND PERMISSION,

MOST RESPECTFULLY INSCRIBED,

BY HIS OBLIGED,

AND VERY OBEDIENT HUMBLE SERVANT,

JONATHAN GREEN.

PREFACE.

It has been my object in the following pages to present a systematic and condensed view of the particular branch of pathology of which they treat. In pursuit of this end, I have not only drawn from the stores of my own experience, but have freely used whatever additional information has recently been given to the public, under the name or with the sanction of the highest authorities on cutaneous diseases, whether of this country or the continent. The writings of Lorry, * Plenck, † Willan, ‡ Bateman, § Alibert, || Plumbe, ¶ Rayer, ** and Cazenave and Schedel, †† I have constantly consulted. To the later French writers especially I

* Lorry, Tractatus de Morbis cutaneis, 4to. Paris. 1776.

† Plenck, Doctrina de Morbis cutaneis, 8vo. Viennæ, 1776.

‡ Willan, Description and Treatment of cutaneous Diseases, 4to. Lond. 1798, completed by Bateman, 1817.

§ Bateman, A practical Synopsis of cutaneous Diseases, 8vo. Lond. 1813. 5th ed. *ib.* 1819. Thomson, Atlas of illustrative Delineations, Rl. 8vo. Lond. 1829.

|| Alibert, Descr. des Maladies de la Peau, fol. Paris, 1806—1825.

¶ Plumbe, A pract. Treatise on the Diseases of the Skin, 2nd. ed. 8vo. Lond. 1827.

** Rayer, Traité Complet théorique et pratique des Maladies de la Peau, 2 vols. 8vo. Paris, 1826, 1827.

†† Cazenave et Schedel, Abrégé pratique des Maladies de la Peau, surtout d'après les documens puises dans les leçons cliniques de M. le Docteur Biett, 8vo. Paris, 1828, 2ième ed. *ib.* 1833.

have been indebted for many hints in the matter of arrangement, and occasionally for assistance in my definitions, and now and then in my descriptions, of those diseases which are of rarer occurrence, and with which I am consequently less familiar myself. Some morbid conditions frequently included in works on the diseases of the skin, such as Cyanosis, Icterus, and Chlorosis, are so evidently misplaced, that no long apology seems to me necessary for having left them out: Cyanosis is synonymous with a malformation of the heart, Icterus with an obstruction of the biliary ducts, and Chlorosis with a derangement of the uterine system and chylopoietic viscera. The present state of pathological knowledge, in fact, did not allow me to discuss these affections in a treatise expressly on the diseases of the skin.

Notwithstanding all that has been done in illustration of the diseases of the skin, it is unquestionable that they remain at the present day among the least understood of all the affections to which the human body is liable. A knowledge of the elementary forms under which they appear is a necessary preliminary to the study of the whole of their after stages; a strange alphabet has to be learned before the page of information can be approached; and the slight obstacle thus encountered at the outset too generally rebuts the enquirer, who then either sits him down contented in his ignorance, or assumes unguardedly that

because he has not at a glance been able to appreciate all that such writers as the learned and ingenious Willan, for instance, declare to be demonstrable, the whole subject is deception, or, if well founded, unavailable for any practical and useful purpose. A very moderate exercise of the virtues of patience and perseverance would certainly lead to very different conclusions. Cutaneous diseases are notoriously rebellious to all the modes of treatment usually recommended; and although Eczema, Impetigo, Lepra, Psoriasis, Prurigo, &c. may not directly interfere with the probabilities of a man's existence, yet no one will ever succeed in persuading him who is suffering under any one of them, that because his malady is not likely to bring him to the grave, it is therefore trifling in its nature, and altogether unworthy of the serious attention of the true physician.

The treatment of cutaneous diseases is no longer undertaken under the guidance of unenlightened empiricism: in the following pages I have shown it reducible, under every variety of circumstance, to the principles of a rational therapeia. I have also had repeated occasion to mention heated air and sulphur fume baths, as ulterior means of altering the vitality of the skin and arousing it from morbid into healthy action. I may well be excused for holding these powerful agents in the estimation I do. For some years after entering on private practice in London, I may say I saw few or none

but cases of cutaneous disease that had already gone the round of the profession, that had resisted every known remedy prescribed, not by the mere routinier, but by the very first men, surgeons and physicians, practising medicine in this metropolis, and that were consequently held incurable. Of course I was at first without the experience necessary to guide me in the use of the powerful therapeutic agents I possessed in my heated air and sulphur fume baths; but by constantly watching their effects, and by giving up the whole of my time, and personally attending to the cases intrusted to my charge, I soon discovered the conditions essential to success, and I am now enabled to say that I very rarely meet with a case of ordinary cutaneous disease, that is not either completely within the reach of medicine and curable, or that may not be so much amended as to be made very endurable.

J. G.

40, *Great Marlborough Street,*
February 12*th*, 1835.

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A PRACTICAL COMPENDIUM

OF THE

DISEASES OF THE SKIN.

INTRODUCTION.

It is my purpose in the following pages to present a systematic view of the diseases usually regarded as belonging more peculiarly to the skin. It is not my intention, however, to enter into a particular detail of the symptoms, treatment, &c. of every one of the species composing this class of complaints, —many of them are held as falling within the province of the physician or surgeon generally, and are to be found treated of at length in every good system of medicine or of surgery, and many of them are so rare, that in this country, at least, their names are all that are known to us. My great object will be to describe those cutaneous affections which I have had repeated occasion to study myself, and which are perpetually falling under the notice of the practitioner. Having had my attention particularly directed to this order of diseases from an early period of my professional life, and derived from my position during the last fourteen years as head of an establishment of fumigating baths, unusual opportunities of observing almost every variety of skin complaint in its most distressing form; I hold myself entitled to come before the public with something like a systematic view of this branch of pathology, whilst I present the results of my varied experience in

regard to several of the more intractable cutaneous diseases, and offer some special remarks on the therapeutic agents which I have observed to prove of greatest avail in their treatment.

It might indeed be made matter of astonishment that so little has hitherto been done to secure uniformity of result in the treatment of diseases of the skin,—the most accessible, and the most immediately under our control, it might be imagined, of all the infirmities to which our bodies are liable. But whilst almost every other particular branch of pathology is now made part of the general plan of education pursued by the student, and afterwards followed up by the practitioner, the truth is, that the diseases of the skin are still almost totally neglected in the present plan of elementary instruction; and patients afflicted with them, after having been made to pass through a certain routine, from which they commonly derive no benefit, are either after a time abandoned altogether, sent off to some watering-place, Bath, Harrowgate, Leamington, &c. or haply find their way into the hands of some empyric, to the great relief, but immense scandal, of the regularly educated surgeon or physician.

I feel assured and know that very different results might be obtained in an immense majority of these cases. In England we may truly be said to have remained standing on the threshold of the beautiful structure, which the genius of our countryman Willan designed as a beacon for our guidance and a sanctuary for our instruction in this department of medical science. We may indeed have amended a few of the errors he committed in his arrangement of cutaneous diseases, but we have added little or nothing to the stock of knowledge he possessed of their etiology and pathology, and it might even be made a question whether we had not absolutely retrograded in the views we entertain of their proper treatment. All that has been done in regard to the treatment of this class of complaints in this country of late years, amounts to a few experimental trials of certain heroic remedies, among which, mercury, arsenic, and prussic acid figure in the foremost rank, and endeavours to force ourselves into the belief that cuta-

neous diseases were uniformly owing to some mysterious and indefinable affection of the digestive organs, nowise observable in nine cases out of ten, in any derangement of their functions, but for which the blue or Plummer's pill and purgative medicines were the approved specifics. One or other of these pills was therefore almost uniformly commenced forthwith, and ample doses of purgative medicine were prescribed. This course being persevered in for some time, and no good resulting, as was most frequently, though perhaps by no means invariably, the case, small doses of the hydrargyri oxymurias, combined with decoction of sarsaparilla, followed. This failing, in like manner, Fowler's arsenical solution, and perhaps decoction of dulcamara, were next recommended, and these either proving ineffectual against the disease, or causing some suspicious and unpleasant disorder of the system, were in their turn abandoned. The patience of the physician as well as of the patient (still truly patient in one, but no longer so in each sense of the word) being now worn out, they usually parted company at last, little satisfied with each other, the one lamenting the obstinacy of skin complaints, the other inveighing against the inefficacy of medicine, if not against the ignorance of its practitioners.

It is to the French physicians especially that we are indebted for better and more rational views in regard to the pathology of the diseases of the skin, as well as for the introduction and vindication of by far the most powerful ulterior agent yet discovered in their treatment, I mean the vapour and fume bath and douche of different descriptions, which, when properly administered to patients labouring under numerous affections of the skin, have often a singular and most powerful influence on the progress and issue of these diseases

The whole of the initiatory and attendant symptoms of cutaneous affections, are those either of acute or chronic inflammation. We have increased redness, uneasy sense of heat, some modification of pain, variously characterized as itching, smarting, tingling, &c. and a certain degree of swelling, conjointly or separately, in every one of them. The immediate

dependence of these diseases on an inflammatory condition of the portion of skin immediately affected, at least, is a circumstance of the highest importance to be borne in mind, inasmuch as it gives the clue to the whole plan of treatment that can be rationally pursued in regard to them. In their acute stages and accidental paroxysms, they are to be attacked by general antiphlogistic means, blood-letting, purging, low diet, rest, &c. and external remedies of the most soothing descriptions—tepid baths, emollient fomentations, &c. In their chronic stages again, general measures are commonly much less necessary and of much less avail; the diseases then require to be assailed in their immediate seats, by stimulating applications of different kinds to induce new actions,—by the warm and sulphureous, the alkaline and acid, water bath, the hot air, vapour, and fumigating bath. Irritating washes and unguents also of different kinds, then come into play; and lastly, such medicines as powerfully modify the constitution, sulphur, mercury, arsenic, &c. and which seem occasionally to prove beneficial on the principle, so much insisted on by the greatest of all modern medical philosophers, John Hunter, the inability of the constitution or its parts to support two orders or kinds of action at the same time: these powerful medicines do, in fact, occasion new diseases, during the continuance of which the old ones have time to get well.

So much for the essential nature or proximate cause of cutaneous affections, and for the leading idea that ought to guide us in our treatment of them generally. This class of diseases, however, occurs with such variety of forms, shows such dissimilar tendencies, and entails such different consequences, and therefore requires modifications of treatment so various, that attempts were, at a very early period, made to assist the mind in their discrimination, by the adoption of some system of arrangement or classification. I pass over those, in general extremely objectionable in their principles, and even more useless in their practical applications, that were imagined previously to the time of Willan, who, possessed of a naturally acute mind, and deeply imbued with

the learning both of ancient and modern times, arranged the diseases of the skin, according to their primary external characters, under eight orders: 1st, Papulæ; 2d, Squamæ; 3rd, Exanthemata; 4th, Bullæ; 5th, Vesiculæ; 6th, Pustulæ; 7th, Tubercula; 8th, Maculæ. This arrangement, with the modifications which time, and better information, mainly obtained through its means, have introduced, is that now adopted in almost all the medical schools of Europe; and being based on the elements of the diseases themselves, not on the ever-varying products of their presence, or the presumed and often imaginary remote causes of their origin, it is found applicable in every stage of their existence.

The eight orders of Willan, in a different sequence, are characterized in the following manner:

I. Exanthemata, or diffusive inflammations, by patches of different degrees of redness, of irregular and indefinite shapes, which disappear under pressure, and end in resolution with or without desquamation of the cuticle, frequently also in recession, or delitescence, as it is entitled by the French writers. This order comprises six genera: erythema, erysipelas, roseola, rubeola or measles, scarlatina, and urticaria or nettlerash.

II. Vesiculæ, or vesicular inflammations, distinguished by the formation of vesicles, or the effusion under different points of the epidermis of a globule of serum, colourless and transparent at first, but which may subsequently become opaque, and even in some measure purulent. The effused fluid of vesicles is either shed outwards, or is reabsorbed into the system.

This form of inflammation ends in a slight exfoliation of the cuticle, or the formation of a few flimsy crusts and superficial excoriations. The order of Vesiculæ includes sudamina or miliary eruptions, herpes, scabies or itch, and eczema. Varicella and vaccina-vacca, chicken pox and cow pox, included in this order by Willan, are here referred to the pustules, from their manifest affinity to the variolæ, or small pox tribe, as well as from the nature of the eruption itself, which

a careful inspection shows to be at least not vesicular in its characters.

III. Bullæ or Blebs, also distinguished by the effusion of a quantity of serous fluid under the cuticle, but to a much greater amount than occurs in the vesicular diseases. Blebs indeed are true blisters, and are to be closely simulated by the application of cantharides to the skin. They commonly end in the formation of a circumscribed scab of varying thickness, and frequently very singular shape. The two principal genera of this order are pemphigus and rupia.

IV. Pustulæ. Pustules are characterized by the formation or effusion of matter either on the surface or into the substance of the true skin. Pustules are followed by scabs of various kinds, sometimes hard and horny, at other times friable and pulverulent, which commonly cover indurations, excoriations, and even ulcers. Seven principal genera of this order are reckoned: Variola, (including the different varieties of varioloid, varicella, or chicken pox,) vaccina or cow pox, acne or stone pox, mentagra, ecthyma, impetigo or running tetter, and porrigo.

V. Papulæ are small, firm, and solid elevations, containing no fluid in their centre, which are generally attended with itching of the most violent description. These end in resolution with desquamation of the cuticle. They only seem to ulcerate and present scabs when they are lacerated by scratching. Three principal genera belong to this order: Strophulus, the red gum, white gum, and tooth rash of nurses, lichen, and prurigo.

VI. Squamæ, inflammations of the true skin accompanied with the formation of small papular looking elevations of a red colour, which are by and by covered with squamæ, or lamellæ of the cuticle altered in its appearance, having become dry, white, opaque, and commonly thickened: these squamæ are commonly very promptly renewed when they are by any means detached. Three distinct genera of diseases are referable to this order: Pityriasis or dandriff, psoriasis or scaly tetter, and lepra or scaly leprosy. Ichthyosis, included

by Willan in the order of squamæ, is unaccompanied with any thing like diseased action in the true skin, or vascular and sensible tissues that have been described as belonging to it by anatomists. The cuticle, in this peculiar state, seems to be simply secreted of unusual thickness and colour, but in consequence of no morbid process.

VII. Tubercula, distinguished by the occurrence of small hard tumours projecting in different degrees from the surface, and imbedded in the substance of the skin. These occasionally end in resolution, but much more frequently in partial suppuration and destructive ulceration. Five principal genera are referred to this order: Lupus, Greek elephantiasis, cancer, molluscum, and framboesia.

VIII. Maculæ. By this term is understood a permanently discoloured state either of a few particular spots, or of the whole surface of the skin. These are not commonly attended with any general disturbance of the system, and are frequently permanent and congenital conditions. The albino state seems to depend merely on the absence of colouring matter in those tissues that are usually furnished with it. Vitiligo is the term used to designate the partial occurrence of the same state. Lentigo, ephelis or sun spot, chloasma or liver spot, and nævus, appear to depend on the contrary condition, the increase or accumulation of colouring matter within the appropriate tissues of the skin.

Besides these eight orders, to one or other of which the greater number of the cutaneous affections we are called upon to treat may be referred, several others would be required to be added in a complete work on the diseases of the skin, which should include certain affections that seem to stand alone, each presenting characters sui generis, such as pellagra, purpura, Arabian elephantiasis, and the very important class of syphilitic eruptions which affect indiscriminately almost the whole of the eight primary forms particularly enumerated. Another order would have to be created in which furunculus or boil, anthrax or carbuncle, and the disease called pustula maligna, anthracion or Persian fire, the

pustule maligne of the French, might be included. Further orders would have to be established, in which alterations of cuticle, such as ichthyosis, and of the appendages of the skin, the nails and hair, such as onychia and plica, would be placed.

A tabular view of the diseases of the skin and its appendages, may be readily constructed according to these principles:

Forms of Inflammation of the Skin, and Diseases which appear under these severally.	Exanthemata: Erythema, Erysipelas, Roseola, Rubeola, Scarlatina, Urticaria. Vesiculæ: Miliaria, Herpes, Scabies, Eczema. Bullæ: Pemphigus, Rupia. Pustulæ: Variola, (including Varicella,) Vaccina, Ecthyma, Impetigo, Porrigo, Acne, Mentagra. Papulæ: Strophulus, Lichen, Prurigo. Squamæ: Pityriasis, Psoriasis, Lepra. Tubercula: Lupus, Elephantiasis Græca, Cancer, Molluscum, Frambœsia. Furunculi: Furunculus, Anthrax, Pustula Maligna.
Diseases which appear with the elementary characters of almost all of the above orders.	Syphilis.
Diseases which are severally types of new and additional orders.	Pellagra. Purpura. Elephantiasis Arabica. Cheloidea, (Keloide, Alib.)
Original or accidental unusual states of the skin, not referable to Inflammation.	Achroa: Leucopathia, (Albinismus,) Vitiligo. Dischroa (Maculæ, Willan): Lentigo, Ephelis, Chloasma, Nævus.
Diseases of the appendages of the skin; more properly of the parts which secrete and support these.	Epidermis—Ichthyosis. Ungues—Onychia. Pili—Plica.

The above arrangement, which I have sketched out, is possibly itself not free from objection, but at the present day it was impossible to continue erysipelas among the Bullæ, where it was placed by Willan; it is too obviously an exan-

thematous disease, the phlyctænæ or blisters with which it is so frequently accompanied, being merely accidental to, and forming no necessary part of, the complaint. Scabies, or itch, is also, beyond all possibility of doubt, a vesicular disease in its origin, and is therefore transferred from among the pustules. Whilst cow pox invariably, and chicken pox in ninety-nine cases out of a hundred, decidedly pustular, had to be taken from among the vesicles, and classed with the pustules. Acne or stone pox, and its worst form, if not another disease, rosacea, again, are certainly pustular, not tubercular in their origin; the lumps with which they are accompanied being consequences of the preceding inflammation, and showing no tendency to ulceration, which is the distinguishing feature of true tubercles. These affections are consequently translated to their proper place among the pustules, from the objectionable one they occupied among the tubercles.

Besides the specific local symptoms which constitute, or are assumed as characterizing, the particular diseases of the skin, and which are constantly referable to some modification of acute or chronic inflammation, the functions of that portion at all events of the integument which is immediately affected, are always more or less disturbed. The insensible perspiration is diminished or ceases entirely in the greater number of cases; the oleaginous secretion that moistens and keeps the surface supple in health, is no longer poured out; the formation of the cuticle itself is modified, for it becomes dry and rough, and dull, and dirty looking at least, if it be not more obviously changed. From all these circumstances the skin no longer communicates the peculiar velvety sensation of moist warmth, so pleasant to the touch, and so characteristic of a healthy state of its surface.

Every acute form of cutaneous inflammation is further accompanied by symptoms of constitutional or general disturbance of a greater or less degree of severity. The usual symptoms of fever,—quick pulse, hurried respiration, loss of appetite, suspension of the secretions, sleeplessness, lassitude, &c. pre-

cede and accompany the attack, in a large proportion of these affections. Such constitutional symptoms may very frequently be traced to the simultaneous affection of some internal organ, as of the air-passages in measles, and of the serous membranes in scarlet fever; but it is the digestive apparatus which, of all others, is believed to be most frequently and materially affected in this class of complaints, and this to such an extent, as I have already said, that the opinion is very currently entertained in Great Britain, of cutaneous diseases being invariably the consequence of some disturbance of the stomach and alimentary canal. Now, although in acute diseases of the skin the functions of the digestive apparatus may be suspended or deranged, as those of all the internal organs of the economy are under such circumstances, my own experience warrants me in saying, and the testimony of the ablest writers of the day on cutaneous diseases, Rayer and Biett, bears me out in my conclusion, that the great majority of chronic and inveterate diseases of the skin occur without the slightest disturbance of the digestive organs; nay, I have even observed that those persons who had been afflicted for years with affections of this nature, made less complaint of their stomach and bowels being out of order, than is usually done by valetudinarians of all descriptions in this country.

Attempts to trace the diseases of the skin to a disordered state of the functions of any other particular system, have not been more successful than they have proved in regard to those of the digestive organs. All that can be said is, that diseases of the skin are frequently complicated with affections of different internal organs. Such examinations as have been made of the bodies of those who have died while labouring under chronic affections of the skin, do not exhibit morbid alterations of the lungs, stomach, uterus, &c. in other proportions than similar lesions are known to occur under different circumstances, and in subjects who have fallen victims to a hundred dissimilar diseases.

The causes of the diseases of the skin, indeed, are in general exceedingly obscure. We can frequently trace vesi-

cular, papular, and other eruptions, it is true, to the agency of direct causes, such as sudden transitions of temperature, the application of stimulating and pulverulent substances to the skin, exposure to the bright light of the sun, neglect of proper cleanliness, the use of sulphureous and terebinthinate preparations, &c. &c. but these affections, though agreeing in their forms and symptoms with one or other of the orders indicated, are so transient in their nature, or yield so readily to curative means, that they must needs be held essentially different from the diseases of the skin that endure for months or years, that prove so rebellious to all treatment, and that recur repeatedly, after having to all appearance got completely well. In the great majority of cases, diseases of the skin appear without any evident or assignable reason; they seem connected with some peculiar morbid condition of the system, which, in the present state of pathological knowledge, is altogether unknown to us, save in its effects. This idea appears to be strengthened by the indubitable hereditary nature of many cutaneous affections: as features, form, and peculiar aptitudes descend from sire to son, so do states of constitution that predispose to particular diseases; among others, to affections of the skin.

It is impossible, however, to overlook the influence of climate and local situation on the development of many of this class of complaints. This is much more remarkable than that exerted by trades or occupations. Frambœsia or yaws is a disease known only on the coast of Africa and in the West Indies; radesyge seems confined to Lapland and Finland, plica to Poland, pellagra to the Milanese, &c. Certain ages also give a predisposition to one rather than to another form of cutaneous disease: erythema, strophulus, and porrigo occur with greater frequency among children and the youthful; chronic pemphigus and prurigo are scarcely seen except among the aged. Lastly, certain diseases of the skin are eminently contagious, such as scabies or itch, and porrigo, whilst others cannot be communicated either by contact or inoculation. The specific cause, however, under the influence

of which the whole of the different diseases of the skin are developed, and by which they appear, now as vesicles, now as simple papulæ, now as scaly papulæ, and so on, is altogether unknown.

The diagnosis or distinction of one disease of the skin from another is among the most important items in their study. Without this, how shall we prognosticate in regard to the probable issue of the disease? what plan of treatment will it be proper to adopt? &c. The power to distinguish each disease of the skin from every other, supposes a previous acquaintance with the whole or greater number of these affections. But the neglect of all attempt on the part of writers generally to elucidate this part of the subject, is probably one great cause of the indifferent information commonly possessed, even by medical men, of diseases of the skin. So long as such general expressions as tettery, scorbutic, and scrofulous eruptions, scales, spots, rashes, &c. were the most familiar terms employed when speaking of this class of complaints, certainty as to the species of disease described was unattainable, and progress in the knowledge of its nature and mode of cure impossible.

The first point to be considered in each particular case is, the class of elementary lesion to which it belongs; in other words, to discover whether the eruption be exanthematous, vesicular, pustular, &c. This being done, the symptoms, progress, and appearance of the species under consideration must then be contrasted with the small number of such affections as show themselves under the same, though variously modified, generic characters.

When the elementary forms remain untouched, and the eruption has not passed its height, there is little difficulty in assigning to a particular case its proper place in the system, under the guidance of experience in selecting the plan of treatment most likely to prove of avail, and in foreseeing the probable term and issue of the disease. But when the malady has existed for some time, and the original inflammatory form has given place to new and consecutive alterations, the case is very different, and the diagnosis is difficult in proportion to the extent

and variety of these changes. Nevertheless, the consequences of the affection, the scabs or crusts, furfuræ or scales, sores and cicatrices to which it gives rise, frequently prove indices of what the primary nature of the affection was; and further, it very rarely happens but that some traces of the elementary form of the disease may be discovered in the circumference of the place last affected. When it happens that several elementary forms are discovered in the same or nearly the same situations, one will always be found predominating, and this, together with the previous history, always enables us to conclude which is to be held the principal affection, which the accidental malady that must be attached to the other as a complication.

From this it appears that the secondary consequences of the diseases of the skin, the appearances and forms of scabs, squamæ, ulcers, cicatrices, &c. are points in the history of these diseases by no means to be overlooked. These, together with due attention to the seat of the eruption, to its progress, its colour, and general characters, are so many data that lead the practised eye to unerring conclusions in regard to its actual nature.

The treatment pursued in cutaneous diseases, the true end and aim of all preliminary study of their characters, has necessarily partaken of the obscurity that has hitherto prevailed and that still prevails in regard to their nature. I have already hinted at the fact that a similar routine is indiscriminately followed in almost every one of these affections; in France a course of bitters and sulphur, in England one of mercury (in one or other of the infinite variety of forms into which it has been tortured by ingenuity) and of purgatives, are the approved and universally received specifics; it matters not that disappointment again and again attends the prescription of these medicines, the mind once familiarized with a favourite notion is not often emancipated from its empire even with the evidence of its falsity; and then the diseases of the skin were held such rebellious affections, that the medicines were gene-

rally excused for their want of efficacy, and prescribed as before in the next case that occurred.

The chief diseases of the skin, I repeat, *are essentially inflammatory affections, acute or chronic in their nature*, and as such require to be treated in the same way as inflammation generally. In their acute stages, and when attended with symptoms of general febrile excitement, blood-letting must be practised, the temperature regulated, the patient restricted to slops, kept quiet, and supplied with plenty of cooling drink, whilst the return of the secretions that are suppressed is solicited by appropriate remedies. A certain number of eruptive febrile affections, usually included in treatises on the diseases of the skin, measles, scarlatina, small pox, &c. demand peculiar watching, and very cautious enforcement of these general measures; these, in fact, are diseases that necessarily require to pass through certain stages, that have a natural tendency to recovery, and that in all probability could not be interfered with, to such an extent as to arrest them entirely in their progress, with safety to the patient.

The acute stages of the diseases of the skin at large, are not commonly of long duration; they, for the most part, soon get into such a state as is unaccompanied with evident febrile or constitutional disturbance. And now it is that the skill of the true physician appears in adapting his means to the several forms of eruption that present themselves to his observation. Far from finding one and the same plan of treatment applicable to the whole, he never fails to lament that his remedies are not more various, and his knowledge of the effects of such as he commands is not more intimate, in order that he might be enabled to vary his prescriptions in conformity with the infinite variety of modifications he encounters, in the degrees and circumstances under which affections of the skin occur. General blood-letting, where the state of the constitution admits of the practice, will still be found a preliminary measure of the greatest importance in insuring success to every step of the after-treatment adopted, in a great majority of cases. The

application of a number of leeches to the healthy integument, in the immediate vicinity of the portion affected, either subsequent to and in aid of venesection, or as a substitute for this measure when it is not deemed advisable, is also a piece of practice that deserves to be much more frequently followed than it is in England.

Dietetic measures, abstinence, strict temperance, food of the lightest kind, great regularity of life, and the use of some diluent, such as barley water, veal or chicken broth, &c. and rest, are all frequently of great avail in treating the diseases of the skin; severe fasting, the *hunger cure* of the Germans, when patients have the resolution to encounter the self-denial and painful privations it implies, has frequently proved of signal advantage in many affections of the skin. The cures accomplished in this way, however, are unfortunately not always permanent; as the strict regimen is departed from, and the strength returns under the influence of more nutritious diet, the complaints of the skin are very apt to recur.

Purgative medicines, not prescribed with a view of rectifying any latent disorder of the digestive apparatus in particular, but as a means of modifying the state of the general system, or as *derivatives* from the skin, frequently prove of the greatest service in chronic cutaneous affections.

The mineral acids and the alkalis are medicines of great avail in many affections of the skin. These have often a very excellent effect in allaying the pruritus that is so troublesome a symptom in many of this class of complaints.

Sulphur is a medicine from among the class of alteratives that has long enjoyed a very extensive reputation in the diseases of the skin. Save in combination, however, and as it exists in some mineral waters, it is not nearly so often prescribed by the regular practitioner now as it used once to be. This decline of faith in the virtues of the mineral, is in my opinion mainly attributable to the improper way in which it has been prescribed. In the large doses in which it is commonly ordered, it either proves an aperient of no more avail than any other medicine of this class, or, according to the constitution, and if

any degree of inflammation be present at the time, a stimulant that aggravates the local malady, and renders the general system more irritable. In very small doses, and under circumstances favourable to its exhibition, it has in my hands proved a valuable alterative, and most gentle but efficient diaphoretic. Sulphur is unfortunately an inelegant medicine, and cannot be taken to produce these its most beneficial effects without permeating the whole system, and tainting very unpleasantly the cutaneous exhalations. These consequences are probably to be reckoned among the causes of its declining favour. They are, however, happily very greatly lessened by its exhibition in the way of vapour, by means of the fumigating bath, which I shall have occasion to mention by and by.

The preparations of antimony, after having been long and almost universally prescribed in the diseases of the skin, have fallen into nearly total neglect, and, as far as my experience goes, not unmeritedly. The same fate has by no means yet overtaken the credit possessed by the preparations of mercury, at least in this country. I am myself most decidedly of opinion that these medicines are seriously abused, and just as undeserving of the universal reputation they at present possess in England, as many of the now neglected articles that figure in the most conspicuous places in the formularies and pharmacopœias of our forefathers. I would not be understood as saying that the preparations of mercury are altogether useless in diseases of the skin; far from it, they are extremely valuable medicines in some cases; but they are not the general specifics in this class of complaints, which they are imagined to be by many otherwise very enlightened members of the profession.

Arsenic is another medicine of more recent introduction, which is much and deservedly prized on account of its influence over many of the most inveterate diseases of the skin. The same may be said of cantharides used internally. Both of these medicines are among the most active that are employed in the practice of physic. They consequently require at all times to be prescribed with the greatest caution,

and their effects on the system watched with the strictest attention. The moment unpleasant symptoms make their appearance, that moment must the exhibition of either of these medicines be abandoned. Administered in small and only very gradually increasing doses, with these precautions, they may be taken for months without detriment of any continuance to the general health, whilst their beneficial effects on disease are frequently great and permanent. The iodine is another of the invaluable items which modern science has added to the stock of medicines that powerfully modify the constitution, and accomplish the cure of different forms of disease that were formerly regarded as incurable, or believed to be only under the influence of time. This medicine has been energetically characterized as "la bataille d'Austerlitz des scrofules"—the battle of Austerlitz of scrofulous complaints—by one of its most distinguished and able advocates in France, so completely does it rout them.

I might add immensely to this list of the important articles, especially of the vegetable materia-medica, that have been recommended as internal medicines in diseases of the skin; I might particularly mention the decoction of sarsaparilla, of dulcamara, of mezereon bark, &c.; but must refer to the ordinary books on the materia-medica for further information. Many of these ought probably to be classed as simple diluents, the medicinal effects of several of them being certainly no greater than those of the like quantity of grit gruel, barley water, or lemonade; and here I may add a very few words in regard to simple acidulated drinks, which, in my opinion, deserve to be more generally prescribed than they are in cutaneous affections. I have always found them useful, particularly among plethoric subjects, and indeed generally when there were no symptoms of gastro-enteritic irritation present. By many I know that acids in every form are strictly forbidden, but for what reason I have still to learn; they do, it is true, disagree with some delicate stomachs at first, but by continuing them for a time, they will almost always be found to sit lightly at last. The good effects of lemon-juice in the

treatment of the disease entitled *scurvy* is known to all, and since the introduction of this article into the navy, the morbid phenomena comprised under the above name are never seen: in the pruriginous class of skin complaints, I have always found acids, both vegetable and mineral, of great service, as well as the alkaline medicines which are much more commonly prescribed.

When we admit as physiologists the immense importance of the functions of the skin to the maintenance of health, it is impossible not to regard every means that tends to aid this extensive membrane in its office, as a therapeutic or curative agent of the first consideration. Of all such means baths of different descriptions must undoubtedly be held as occupying the foremost rank. Baths are simple or medicated; and the same title is given to the vapour of water and the fumes of different medicinal substances, as of mercury, sulphur, chlorine, &c. applied in a proper apparatus to the surface of the body, or to any region of it, when, instead of bath, the partial application receives the title of douche.

The simple cold or tepid bath frequently gives great relief in many diseases of the skin, greatly allaying the itching, and state of nervous irritation that attend them, and thus conducing to the ultimate cure. I am inclined to believe that the value of sea-bathing is greatly overrated in its effects upon affections of the skin. I have seldom known it accomplish any permanent good in this class of complaints, and, on the contrary, I have often heard the origin of different forms of skin disease ascribed to its influence. Baths of the natural mineral waters have been long known to prove very serviceable in many diseases of the skin. These are susceptible of being closely imitated by art; we can, indeed, in this way produce more powerful and more speedy effects than result from bathing in the natural mineral springs. The artificial sulphureous water bath, with a quantity of gelatine or fine glue dissolved in it, is one of the best baths known in many inveterate diseases of the skin.

But every form of water bathing that has been tried falls

immeasurably short of the hot air and vapour bath, in its immediate and powerful curative influence on the great majority of the diseases of the skin. The hot air and vapour bath may very properly be spoken of together, inasmuch as their effects on the system are very nearly similar. I am in the habit of administering the hot air bath to patients at first, at the temperature of about 98° of Fahrenheit, and of raising it gradually in the course of from fifteen to twenty minutes to 110°, and, if the full effect of the bath is not obtained, to 120°, or even 130° of the same scale. The patient, seated in the apparatus and exposed to this degree of heat, is only sensible at first of a slightly increased but pleasant warmth. Within a few minutes the expression becomes cheerful and animated, the eyes sparkle, the countenance looks florid and then flushed, the pulse rises in frequency, and gains much in fulness, but is soft; the whole body, the face (which of course is not enclosed) as well as the other parts, next become bathed in perspiration, so that the sweat is seen standing in beads upon the forehead and trickling down the cheeks. The patient is now no longer sensible of any increase of temperature, although he is perhaps exposed to a heat of 150 degrees of Fahrenheit. It is matter of astonishment to the generality of persons how such a temperature can be borne without injury. But it is in virtue of the same physical law which fits man to become the denizen of lands within the tropics and of regions near the pole. All increase of activity in the vital processes of respiration and circulation, the furnace and flue of the system, induced by stimulus of any kind, especially by that of augmented temperature, is accompanied with a commensurate increase in the exhaling functions of the skin, and of consequent evaporation from its surface, a process the cooling effects of which are familiar: the strata of hot air immediately in contact with the body are successively robbed of their excess of heat, by the conversion of the watery products of perspiration into vapour, in which the caloric that was sensible, and that tended to raise the temperature of the body, immediately becomes latent.

There is consequently no means of cooling a hot air bath, say of 120 degrees, down to its own temperature 98 degrees, so effectual as the immersion within it of a living human body, and this is the reason that the temperature falls so rapidly in ill-constructed baths, and that it has to be kept up so incessantly even in those of the best construction.

After the perspiration has appeared about five or six minutes on the forehead, the full effect of the bath has been obtained, and the patient should immediately quit the apparatus. If the stimulus be continued longer it is at the expense of the agreeable feelings first induced; a degree of languor and exhaustion succeeds to these, and patients then feel drowsy and disposed to sleep. But if the bath be quitted when the effects are at their height, a comfortable degree of warmth is experienced for some hours afterwards, and the activity of the body and the elasticity of the mind, far from being diminished, are on the contrary very much increased. It sometimes happens that the skin is in so dry and unperspirable a state, that a moderate degree of heat in the bath fails to induce sensible perspiration, and then, if the temperature be allowed to rise rapidly, patients complain of an unpleasant scorching sensation. In these cases, a little watery vapour let into the bath by an apparatus contrived for the purpose, gives immediate relief, and very speedily induces the state of surface we are desirous of obtaining.

The effects of a remedial agent of this power, it may be conceived, require to be closely watched, as its use in the first instance in diseased conditions of the system ought to be cautiously undertaken; and here I would most earnestly urge on my professional brethren the necessity of their superintending in person the effects of, at all events, the first few baths they may think it advisable to prescribe: medicine is an experimental art at best, and it is impossible to predict with certainty *a priori* what the precise effects of any remedial measure may be. From my particular position, I am enabled to speak with some authority on this point, and that which I make an invariable rule of doing myself, I may

surely be excused for wishing to exact of the profession at large.

Powerful therapeutic agents as are the simple hot air and vapour bath in themselves, their activity is susceptible of being further increased, and their powers adapted to particular cases, by being impregnated with certain substances, which, under the influence of heat, arise in the state of vapour or fumes. Of these the most important, in a general point of view, is sulphur. This is now administered by a process of sublimation; the mineral is not set fire to and burned as used formerly to be done, and as is still practised in imperfectly constructed fumigating apparatuses, by which the patient is enveloped in an atmosphere of sulphurous acid gas, and runs considerable risk of being stifled each time he adventures himself within them. In my establishment, although twenty sulphur baths are frequently administered every day for weeks together, no smell of burning brimstone is ever perceptible. The mineral is raised unchanged, in a state of impalpable vapour, and is thus applied in a form which we may presume to be the most favourable possible, either for exerting its influence on the system at large, through the medium of the absorbent vessels, or upon the skin immediately, with which it is brought into such intimate contact. Applied in this way sulphur has certainly a greater curative influence on many of the inveterate and chronic diseases of the skin, than all other means besides when added together. Besides the powerful excitement of the skin accomplished by the application of a high temperature to its surface, the sulphur fumes have the property of causing a remarkable desquamation or peeling of the cuticle, to which probably some portion of their efficacy may justly be attributed.

Neither the hot air, vapour, nor sulphur fume bath, appears to me calculated to prove of any benefit during the more active stages of several cutaneous diseases, such as eczema, ecthyma, impetigo, &c. in all of which I have known the whole of them frequently prescribed; I may go further,

indeed, and say that when symptoms of acute local inflammation or of general febrile excitement are present, these remedies are all alike improper; it is only when the local actions have become languid, and when constitutional disturbance or irritability has been subdued by bloodletting, purging, spare diet, diluents, &c. that it becomes reasonable in point of theory, or fair, as regards our therapeutic or remedial means, to say nothing of our patients, to test the value of these powerful agents.

Nor is it only as an instrument in the cure of tangible and definite diseases, such as those of the skin, that the hot air, and especially the sulphur fume bath, is invaluable; in many shattered, languishing, and, as they are entitled, worn-out conditions of the system, in which there is little of positive and decided disease to be detected, yet in which no function goes on as it should do to render life a blessing, instead of a state whose continuance is only marked by ceaseless repercussions of pain, this simple remedy will often be found to give an impulse to the flagging spirits and corporeal powers, that permits the constitution finally to rally under the use of appropriate medicines and well-directed general dietetic means. When properly managed, these baths, administered under such circumstances, are always satisfactory to patients. I generally, indeed, find valetudinarians inclined to anticipate too much from their operation, and sometimes hold it necessary to check unreasonable expectations: Dr. R., aged eighty-five, for nearly thirty years senior physician to the largest hospital in this country, had long been in very indifferent health, and affected with a constant nervous shaking of the arms, when he was incidentally persuaded to try the effects of the sulphur fume bath for a troublesome impetiginous disease of the legs. Under the use of this remedy, not only did the affection of the legs gradually disappear, but such a signal improvement took place in the general health, that the doctor declared he thought if he had known and made use of the sulphur fumigations sooner, he might very possibly have extended his life to a hundred years. In

little more than a month, he told me that though for years he had scarcely been able to digest any thing, not even a potatoe, unless boiled until ready to fall to pieces, he now thought he could eat a raw carrot without inconvenience. For further information on the use, efficacy, and mode of administering fumigating baths generally, I beg leave to refer to the writings of Galés of Paris, Wallace of Dublin, Bardsley of Manchester, and Décarro of Vienna especially.*

The douche is a mode of applying vapour, or cold or warm water, which is not so much practised as it ought to be. A column of vapour or of water, by a particular modification of the douche apparatus, is made to jet with force from a small orifice upon the parts which it is held advisable to expose to this influence. This kind of bath is best administered at one or other of the regular bathing establishments, although for private use, when the cold or warm water douche is wanted, a large garden syringe or engine pump may occasionally be found available for the purpose.

Baths of different kinds, which may be termed the most general external means applied in treating the diseases of the skin, are often materially aided in their action by the simultaneous use of unguents and washes of different descriptions. The oxides and salts of lead have been employed in every form of outward disease from time immemorial, and these preparations are often found of considerable service in allaying irritation, and lessening the quantity of the morbid discharges poured out under particular circumstances. The oxide of zinc is prescribed in an ointment with similar views. The acids alone, or united in excess to various metallic oxides, particularly mercury, are among the most valuable external remedies we possess in this class of diseases. These, properly diluted, are either used by way of lotion, or, being incorporated with lard or simple cerate, they are applied to the

* Mem. et Rap. sur les Fumigations Sulfureuses, 8vo., Paris, 1816. Observ. on Sulphurous Fumigations, 8vo., Dublin, 1820. Bardsley, Hospital Reports, 8vo., London, 1820. Obs. sur les Fumigations Sulfureuses, 8vo., Vienne, 1819.

diseased surfaces by being rubbed on them immediately, or, by the medium of a pencil or a pledget of lint dipped into them, they are employed as escharotics. The nitrate of mercury and the nitrate of silver are invaluable as escharotics in destroying morbid growths, as well as in arresting diseased and inducing healthy actions in parts under innumerable circumstances. Blisters are even occasionally employed with similar views, and at times with considerable success. Dr. Rayer, in his work on cutaneous diseases, informs us that he has found an ointment of the white precipitate almost a specific in two of the most obstinate of the scaly eruptions, lepra and psoriasis. The salts of copper have also been frequently employed in affections of the skin, and a solution of the sulphate makes a good stimulating wash. Among the more recent of the external applications introduced in the treatment of skin diseases, iodine is one of the most powerful and valuable. An ointment of this substance in impalpable powder, or in combination with the proto-ioduret of mercury, is one of the most efficacious applications to many phagedenic ulcers resembling or analogous to lupus, and occurring in persons of scrofulous constitution. I think it unnecessary to treat in this place, apart from the diseases in which they are employed, of several other articles of greater or less efficacy or reputation in different forms of cutaneous affection.

INFLAMMATORY

AFFECTIONS OF THE SKIN.

EXANTHEMATA.

The exanthemata, as a class, are acute inflammatory affections of the skin, for the most part accompanied with a considerable degree of constitutional disturbance, and characterized by a diffused redness that disappears for an instant under the pressure of the finger. The natural termination of this order of diseases is in resolution, followed by the desquamation of the cuticle. In the slighter forms of the species it includes, the inflammation does not appear to extend beyond the most superficial parts of the cutis vera; in the severer cases, however, it not only implicates the entire thickness of this tissue, but even spreads to the subjacent cellular membrane, which is then infiltrated and swollen.

Erythema, Erysipelas, Roseola, Rubeola, Scarlatina, and Urticaria, are the diseases that appear with these characteristics.

Each species of exanthematous affection is distinguished by symptoms in a great measure peculiar to itself. A certain degree of languor, disinclination to food, and feverish sensations usher in their attacks generally, but in one the redness is evenly diffused, in another it is shaded in different degrees, now it appears in patches very irregular in their outline, and again, in blotches very well defined. A distressing sense of heat and tension, but little actual pain, and some degree of swelling, are particularly observed in erysipelas. Scarlatina is remarkable for its vivid red; urticaria for the

unappeasable itching that accompanies it. The exanthemata, especially measles and scarlet fever, are very apt to be complicated with inflammatory affections of some internal organ; this, indeed, is the chief hazard incurred in passing through these diseases. These are the only two diseases of this group which appear susceptible of being propagated by contagion. They are peculiar, also, in only affecting individuals once during the course of their lives. The causes of the other exanthemata are frequently traceable to irritation of the common integument, to impressions of cold, and the ingestion of indigestible, unwholesome, or poisonous articles of food.

Two of the exanthemata, erysipelas and erythema, often complicate different other diseases of the skin; but they are not liable to be mistaken for any of these. The antiphlogistic, with such modifications as experience has shown to be necessary, should form the basis of the treatment in this class of complaints; and the state of convalescence, especially from scarlet fever and measles, requires to be narrowly watched, a host of dangerous affections being apt, without the greatest care, to make their attacks at this period.

ERYTHEMA, OR INFLAMMATORY BLUSH.

Erythema is the lowest degree of inflammation to which the skin is subject. It is distinguished by the occurrence of red blotches, slight, superficial, irregularly circumscribed, and of very various extent. It is commonly essentially acute in its characters, lasting from eight to ten or twelve days. In a few rare instances it assumes the intermittent type, but the affection is then symptomatic, and its continuance depends on that of the disease which causes it.

Erythema occurs with a considerable variety of character. The continued contact, and especially the friction of two neighbouring surfaces of the skin, as in the groins, upper parts of the thighs, axillæ, neck, &c. of young children, and even of adults of delicate complexion and considerable em-

bonpoint, are generally followed by more or less of inflammatory blush, and sometimes by very smart inflammation, in which case there is an exudation of a faint-smelling seropurulent looking fluid, and some disposition to chapping of the skin. This is the erythema *intertrigo* of authors. It is attended with a very evident increase of heat and some degree of smarting in the parts affected, but with little constitutional disturbance, although, when it is extensive, the pulse will get frequent.

The cheeks of children when teething are often observed to be affected with one or two bright inflammatory patches; and any accidental circumscribed cutaneous excitement, such as the sting of a gnat, the presence of any other affection, or of a wound or sore, as well as the distension of the integuments by anasarca, all cause a superficial inflammation, accompanied with heat and itching or smarting, which have received different denominations by nosologists, but which may well be assimilated and placed under one head—erythema from irritation.

Among females and young persons of both sexes, a number of small red spots, irregularly circumscribed, slightly prominent, the size of a herring scale or split pea, and of a bright red colour, which soon acquires a purplish cast about their centres, and disappears almost entirely under pressure, are frequently thrown out on the neck, breast, arms, and face,—eryth. *papulatum*. This affection is generally preceded by some constitutional disturbance,—loss of appetite, sense of lassitude, slight fever, &c. It is also an occasional attendant upon attacks of acute rheumatism, when the spots, by running into one another, often form clusters of considerable extent. The elevations, within from thirty-six to forty-eight hours, sink to the level of the surrounding skin, and the red blush then remains alone, to disappear after continuing visible from one to two weeks. This variety is sometimes observed with symptoms of greater severity, when it has been entitled eryth. *nodosum*. It differs from the disease last described by the larger size, the oval shape, and longer

continuance of the raised spots, which often seem as if they tended to suppuration; an event however which never occurs, for after remaining distinctly perceptible to the finger for ten or twelve days they subside, leaving bluish or yellowish stains behind them, which also vanish in the course of a week or two. A third variety, which has been denominated eryth. *tuberculatum*, only differs from the preceding two in being accompanied with numbers of small, slightly prominent tumours between the suffused papular patches. These lumps vanish within a week, when the inflammatory blush becomes rather livid in its appearance, and continues for a week or ten days longer.

The patches of erythema again, occasionally assume something approaching to regularity of shape: their edges are sharply defined, slightly raised above the level of the surrounding skin, and papular both to the eye and finger,—eryth. *marginatum*. In other instances, they appear as complete rings, their centres seeming in every particular healthy,—eryth. *circinnatum*.

The most extensive form of the disease is that in which, under the influence of some constitutional cause, the whole surface of the body becomes suffused with a blush of different degrees of intensity, accompanied with a feeling of heat and dryness of the skin, which retains the print of the finger, or whole hand, for a moment, when applied to it,—eryth. *fugax*. This suffusion sometimes assumes the intermittent form; it is usually followed by desquamation of the cuticle, and, when it has been of long continuance, by the loss of the hair. A certain degree of inflammatory blush very frequently accompanies a dropsical state of the lower extremities, and indeed follows upon any unusual distension, such as happens in the last months of pregnancy, or any unwonted excitement of the skin, the suction of the infant at the breast, for instance,—eryth. *læve*.

Erythema consequently appears to be frequently developed under the influence of external and evident causes, as well as to follow symptomatically in the train of certain unknown but disturbed states of the system.

Erythema is not particularly apt, with a very slight degree of attention, to be confounded with any of the other diseases of the skin. It can only be mistaken for erysipelas in those cases in which it is rather extensive and diffused : the circumscribed patches of other and common varieties of the disease prevent any error of the kind from being committed ; and even when it is widely spread, the evidently superficial character of the blush, the absence of swelling, and of smarting pain, and the speedy and happy termination of the disease, all proclaim its nature. It is generally held very possible to confound erythema with roseola, or summer rash ; but the two eruptions differ materially in colour, the roseola always exhibiting a pink or rosy hue, which is very characteristic. The patches of erythema *nodosum* are never so well defined as those of roseola, and differ from these as well in this particular, and in their shade of colour, as in the tumefaction that attends them. I have never seen this variety of erythema, save in females ; it was always in oblong, oval, or longitudinal shaped patches, in a line with the tibia. Measles or scarlet fever are preceded and accompanied by a set of symptoms that must always prevent any mistake in the diagnosis between them and erythema ; to say nothing of the crescent or semilunated forms of the eruption of the one, and the raspberry-juice colour of the broad stains or blotches that characterize the other. The *papular* variety of erythema might be mistaken at first sight for urticaria, or nettle rash ; but the eruption of urticaria is raised in a much greater degree above the general level of the integuments, is without the violet tint of the erythema, is accompanied by such a feeling of itching as is never experienced in this disease, and is most irregular and capricious in its attacks. There is one species of *lichen*, a papular disease, with which this variety of erythema might very well be confounded. The distinguishing characters of these will be better given when we come to treat of the lichenous eruption in question. Syphilitic blotches at times assume a good deal of the appearance of erythema in one or other of its shapes. The continuance of the eruption, but

above all, the coppery or greyish colour, and the presence of various symptoms of lues, distinguish the venereal from the more simple erythematous eruption.

The treatment of erythema is abundantly simple. If the disease arise from any evident cause of irritation, this must be removed; if from constitutional disturbance, it will speedily subside under the agency of means directed against the general symptoms. Topical applications are not commonly either necessary or useful, except indeed in intertrigo from the contact or friction of two neighbouring surfaces of the skin, when any weak metallic wash, as of the sulphate of zinc, or sulphate of copper, will be found very effectual in suppressing the discharge and allaying the irritation. This affection also gets well by simply bathing the parts with tepid water, and interposing something, a piece of fine rag, a little hair powder, or some oxyde of zinc between them. In the constitutional varieties, the antiphlogistic regimen, spare diet, diluents, rest, &c. a few gentle aperients, and, if the symptoms run high, and the circumstances under which the disease appears be peculiar, such as the suppression of some habitual discharge, the detraction of a little blood, aided by the use of the tepid or vapour bath, very speedily and certainly accomplish a cure.

In the years 1828 and 1829 an epidemic distemper, then and since entitled, acrodynia, was very prevalent in Paris, one of the main features of which was a peculiar erythematous affection of the hands, and still more of the feet. These parts were of a crimson red, which disappeared under pressure, and were either very painful, or very much deranged in their sensations. This local affection was accompanied with general symptoms of considerable severity, head-ache, nausea and retching, dull pains in the limbs, restlessness, and, very commonly, obstinate diarrhœa. Bloodletting, and particularly the application of a number of leeches to the feet and hands, together with the use of the simple tepid, alkaline, and vapour bath, were the measures that were found of most avail in this epidemic erythematous disease.

CASES OF ERYTHEMA.

A young lady of fair complexion, of a sanguine but very nervous temperament, after considerable exertion; found herself covered on the upper parts of the body and neck, as well as over the arms, with red patches, varying in form and size, and showing in their centres whitish and hard elevations, similar to gnat-bites. In some places the patches from running together produced a curious marbled appearance of the surface. The complaint was attended with much inconvenience but little pain, and had existed more than a month when I saw the patient for the first time. There was a regular aggravation of the symptoms every day; the small whitish tumours then became larger, and the redness of the other parts assumed a darker hue; the surfaces affected then looked shining, tense, dry, and as if swelled; the red colour fading towards the healthy parts. The patient had little appetite, and her nights were sleepless, or her rest was broken; the tongue was covered slightly with greyish mucus, and she complained of extreme lassitude. I advised a trial to be made of the simple vapour bath; medicine did not seem to be needed. After the third bath, the patient fell into a profuse perspiration; the skin then became soft and moist to the touch. The parts which had been the seat of the disease became wrinkled and faded, the small elevations gradually shrunk away, and in ten days there were no traces of the disease left.

A gentleman of a robust and sanguine temperament, aged about 50, received a hurt in his back by a fall from his horse, for which it was treated as usual in such cases. Amongst the means resorted to, he had used the essence of mustard (spirits of turpentine) as an embrocation, and to this was attributed a very general attack of erythema, extending from the forehead to the ancles, with which he was immediately afterwards seized; but the back and parts rubbed by the embrocation, and fretted perhaps by the close contact of the clothes, were those which were more particularly affected with this superficial inflammatory blush. Even in the midst of these, how-

ever, there were some linear spaces where the skin appeared almost as in health; neither, indeed, did the very reddest parts of the skin look tense or swollen, but simply as if they had been stained with a red, and in some parts purplish red, ink. The constitutional derangement was not severe; but there was still considerable depression of strength and spirits, loss of appetite, small and frequent pulse, tongue covered slightly with mucus at the base. The inflamed surface was uniformly extremely tender, and felt, as the patient expressed himself, as though hot water had been applied to it. Gentle laxatives and diaphoretics, with the use of the vapour bath daily, proved sufficient to remove all the symptoms within the fortnight; the patient then, for a short time, took the nitric acid in small doses, as a tonic, and soon became well.

ERYSIPELAS, ROSE, OR ST. ANTHONY'S FIRE.

Erysipelas is a diffuse inflammatory affection, characterized by a deep red colour of the skin, accompanied with heat, a peculiar smarting but not very violent pain, and a certain degree of swelling, which frequently extends to the subcutaneous cellular tissue. The disease attacks portions of the skin of very various extent, and has even, although very rarely, been seen implicating the whole surface of the body. It usually begins after certain initiatory symptoms, which are those of general fever, such as languor, depression, slighter or more violent shivering fits, quick pulse, thirst, loss of appetite, &c. with a bright yellowish red suffusion in some small district of the skin, from whence it spreads to the surfaces around, which are perceived by the elevation of their edges, to be somewhat swelled at the time they are attacked; the red colour disappears very completely under the pressure of a finger, but returns again the instant this is removed; the disease is accompanied through its whole progress with a sensation of dry and burning heat, and with pain of a stinging, smarting, or scalding character. The cuticle covering the inflamed sur-

faces is frequently raised in small, and sometimes in larger, blisters, or phlyctenæ, as they are entitled, from the effusion of a quantity of yellowish serum under it; these mostly burst on the very day of their formation, when the fluid they contain, by drying, forms an incrustation over the parts in this way affected. Both local and constitutional symptoms keep pace together, increasing in severity for three or four days, continuing unabated for about the same length of time, and then beginning to decline; they do not, however, appear to occur in any exact ratio of relative severity: the constitutional disturbance is frequently extreme, when the local disease is very moderate, and the local symptoms often run high, when but slight derangement of the general system is manifested.

The most favourable as well as most frequent termination of erysipelas is in resolution, and the approach of this is indicated by the decline of the symptoms, after the time specified, the gradual disappearance of the redness, which has all along been verging more and more into a shade of yellow, and the diminution of the heat, pain, and swelling, after which the cuticle begins to be detached in shreds of different sizes, according as the parts affected are naturally covered with this membrane of a thicker or thinner substance.

Erysipelas is one of the diseases most liable to exhibit the morbid phenomenon entitled *metastasis;* instead of running its course in one particular region, it frequently quits this, and invades several others in succession, and very remote from each other, leaving little trace of its former presence, except some slight discoloration of the skin, and a tendency to desquamate in the cuticle,—erysip. *erratica.*

In some cases, the swelling that accompanies the disease is much greater than common, and this in consequence of no unusual degree of violence, either in the local or general symptoms; on the contrary, the former, and especially the redness, are often less than wont; the skin is smooth and shining, pits readily on pressure, and retains the print of the finger for a long time; a serous effusion to some extent has, in fact,

taken place into the interstices of the skin and meshes of the cellular substance beneath it,—erysip. *œdematosa*.

Besides the form of erysipelas and its modifications now described, there is another which seems to partake of the nature of phlegmon and erysipelas at the same time,—erysipelas *phlegmonodes*, or phlegmonous erysipelas. In this every symptom of the disease is greatly aggravated; the skin and strata of cellular substance immediately under it, are not alone inflamed; the deepest layers of this tissue, even those that penetrate between the muscles, and that lie under the aponeuroses, participate in the morbid condition; there is very violent burning pain, extreme redness, a great degree of swelling, and a brawny feel of the parts affected. The constitutional symptoms, at the same time, run so high, that the life of the patient is brought into jeopardy. This form of the disease rarely ends naturally in resolution. On the fifth or sixth day the pain becomes pulsative in its character, the redness grows less and appears more circumscribed, but the swelling increases and acquires a doughy feel, the patient has then a shivering fit or two, and from a state of excitement sinks rapidly into one of exhaustion,—the disease has terminated in suppuration; abscesses often of great extent are formed, which, being opened either naturally or artificially, a considerable quantity of laudable pus, mixed with shreds of mortified cellular membrane, is discharged. Nor is the disease now near a close; all its consequences have to be repaired; extensive solutions of continuity to be restored, excessive discharges of matter to be endured, &c. and this by a constitution exhausted in a struggle with one of the most violent of all the diseases that assail life.

The disease sometimes appears with a character of still greater intensity, and with tendencies even more unfavourable than those that have just been described. Within two or three days the local symptoms attain their maximum of intensity, and the patient, delirious and burned up with fever, appears to suffer the extremity of distress; by and by the

inflamed skin begins to look livid, and then grey, and is covered with phlyctenæ full of sanguinolent serum; it next loses its sensibility, and whilst abscesses are formed underneath, a portion of integument, and a quantity of subjacent cellular membrane, greater or less in extent, are stricken with gangrene. The sloughs in this case are tardily detached, and the injuries occasioned repaired with extreme slowness. Patients, indeed, most frequently sink under the disease at last; their strength not enabling them to bear up against the exhausting influence of extensive suppurating surfaces, and the absorption of pus into the system, by which the blood is poisoned, and life is attacked from its centre. This *gangrenous* species or form of erysipelas, as it has been entitled, seems to be induced as well by the violence of the disease as by the aponeurotic sheaths causing a kind of strangulation of the inflamed tissues within them; it is consequently more frequently observed occurring in the feet and hands, where these structures are so abundant, than any where else.

Erysipelas is accompanied with peculiar symptoms, and partakes in a greater or less degree of the characters of one or other of these two principal forms of the disease, according to the region in which it is evolved. The disease is more frequent in the *face*, perhaps, than in any other part of the body. Here it is distinguished by the great degree of swelling that attends its progress: the lax tissues of the eye-lids, lips, cheeks, ears, &c. are soon so much loaded, that the features are no longer recognisable. In this situation it is very constantly accompanied with violent head-ach, sleeplessness and rambling, and slight delirium during the night: the disease, too, seems particularly liable to recede, when the face is its seat; and in this case to be followed by an inflammatory affection of the brain, or its membranes.

When the *hairy scalp* is affected, the disease has generally a good deal of the phlegmonous character, and the whole of the symptoms run high; there is, however, no great degree of redness visible; only the scalp is excessively painful to the touch, and the swelling is great. The cellular membrane under the

integument appears to be the principal seat of the inflammation, and accordingly isfrequently affected with suppuration and gangrene, whilst the skin itself almost invariably escapes; a circumstance which is undoubtedly owing to the mode in which the scalp is supplied with blood-vessels: these have not to traverse the cellular substance in minute branches to reach this part, as they must to gain the skin in general, but wind in large trunks immediately under and are distributed to it in particular.

The inflammation which often attacks the *breasts of women*, a few days after delivery, has many of the characters of phlegmonous erysipelas. The inflammation of the skin, however, is a secondary rather than a primary affection here, the mischief being usually begun in the lactiferous ducts, called into unwonted action and over-distended with milk.

Erysipelas, when it attacks the *extremities*, is more frequently accompanied with serious symptoms than when it is developed on the trunk or head. When the inflammation extends among the fasciæ and tendinous sheaths of the arms and hands, or legs and feet, it occasions constitutional symptoms of greater intensity than are seen under almost any other circumstances.

Erysipelas of the *scrotum* and *penis* is remarkable for the great degree of œdematous swelling that usually attends it.

Erysipelas frequently prevails like a pestilence in hospitals and other situations where many persons are crowded together. The slightest operation cannot then be undertaken without vexation to the surgeon and hazard to the patient. In lying-in hospitals many infants are lost through an erysipelatous affection, which extends from the umbilicus to the parts around.

The causes of erysipelas are generally very obscure. Even when we see the disease following trifling injuries, as it often does, (*traumatic* erysipelas,) we know nothing of the state of constitution which renders individuals liable to such a consequence. Almost all seem open to an attack of the disease, at one time or another, but the intemperate, and those who,

without being held deserving of this title, consume considerable quantities of fermented liquors and ardent spirits, are the usual victims of the disease in its most aggravated forms. The loaded state of tongue, nausea, and inappetence, with which the appearance of the disease is always associated, have led to the opinion very commonly entertained of its being dependent on a deranged state of the digestive organs. Erysipelas would seem to be more frequently encountered during the spring time and autumn than at other seasons.

It does not seem possible, with the most ordinary attention, to confound erysipelas with any other affection of the skin, unless, perhaps, in some very slight case, when it might be mistaken for erythema. The distinguishing features of the two affections have been already given under the latter head.

In the slighter cases of erysipelas, the treatment may be restricted to rest in the horizontal posture, especially if the disease be seated in either of the lower extremities, the use of some mild diluent, and observance of the antiphlogistic regimen. If the disease appear with symptoms of greater severity, and show a disposition to extend widely, as well as more deeply than the common integument, and complaints be made at the same time of a hot and parched state of the surface at large, of thirst, and clamminess and a bitter taste in the mouth, together with a hard and frequent pulse, it will be proper to let blood, in quantity proportioned to the strength of the patient, and the intensity of the general symptoms: timid bleeding does no good; to be serviceable it must be practised boldly. The parts immediately affected are at the same time to be bathed repeatedly with cool or cold washes, and for this purpose there is nothing better than plain water, and internally some aperient medicine is to be given, until the bowels are completely unloaded. On the following day, a number of leeches may be very advantageously applied beyond the boundaries of the inflamed circuit, as a means of securing the good effects of the general depletion; this will often be found an auxiliary of such importance and power as to render additional energetic measures unnecessary. If the antiphlogistic regimen

and absolute rest were requisites in the simpler cases of the disease, they become, it may be presumed, doubly needful here.

It was an old practice to prescribe an emetic at the beginning of most diseases, and especially of erysipelas; and this measure is so frequently followed by an improvement in the symptoms of this disease, that it is always worth while to try it. A combination of the ipecacuanha and tartrate of antimony seems to answer best.

Some successful attempts have recently been made to arrest the progress of erysipelas by touching the parts immediately around the seat of the disease with the lunar caustic. The circuit proposed to be so cauterized is wetted lightly with a sponge, and the caustic in substance drawn steadily over the surface once or twice. This application has proved especially useful in bounding the erratic form of erysipelas.

In phlegmonous erysipelas the most energetic measures are required from the beginning. General and local blood-letting in proportion to the strength and constitution of the patient, are primary steps that must never be neglected. The parts affected are at the same time to be put repeatedly, and for long periods, into a tepid bath. The general warm bath will also be found an auxiliary of some importance. An emetic and some active purgative medicine are at the same time to be exhibited by the mouth, and the patient is to be strictly kept to the antiphlogistic regimen. If under this treatment, the local inflammation and general symptoms show a tendency to decline, the plan may be followed up with a prospect of the disease being finally resolved through its agency. But if, on the contrary, the fever continues unabated, and the redness and swelling go on increasing, experience has amply proved that the practice first recommended by my friend Mr. Copeland Hutchison, of making one or more incisions through the whole thickness of the inflamed skin and cellular substance down to the fasciæ, is the best that can be followed. By this means the over-loaded vessels are most effectually depleted, the fibres that were on the stretch, and the parts that were suffering

strangulation, are alike set at liberty, and a drain is established, that gives vent to effused serum, and to such collections of purulent matter as may chance to exist. But it is by no means necessary to wait till abscesses have been formed, or gangrene has taken place, before resorting to the practice in question : there are no means more effectual than free incisions in preventing these mischiefs, and if they have taken place, we have no method by which the labour of separation that must then be undertaken by the constitution can be better assisted, than by establishing a free outlet for pus, sloughs, &c. Should we have been in time to prevent the sloughing and the extensive purulent deposits that so constantly follow phlegmonous erysipelas in an aggravated form, resolution takes place as usual ; the swelling abates, the limb shrinks to its original size, and the incisions that seemed most formidable gaps in the midst of the brawny and infiltrated tissues soon appear as superficial cuts, scarcely implicating the skin, which contract and heal rapidly. Should sloughing and purulent deposition have unfortunately taken place, the strength of the patient must be supported during the long and tardy process by which sloughs are thrown off, and extensive suppurating surfaces are consolidated. A quantity of animal food, and, if the stomach will bear it, some sound fermented liquor, such as porter, or an allowance of wine and water, with opiates to allay irritation, then become proper ; and, the first accidents happily surmounted, if diarrhœa and hectic do not disturb the reparative processes, patients commonly do well.

What has now been said in regard to the treatment of phlegmonous erysipelas, is more particularly applicable to the disease affecting the limbs. The same plan, generally, may be enforced in those cases in which the scalp is the part implicated. Here a free incision at an early stage of the disease produces the very best effects, and, of itself, frequently proves adequate to the cure of the disease.

Compression, which has been spoken of as a means in the cure of phlegmonous erysipelas, is only really useful in the

after-stages of the disease; it is more admissible, is indeed a valuable remedy, in the variety of erysipelas which is attended with symptoms of less acuteness generally, but with a much greater degree of œdematous swelling than usual.

The more indolent and lingering forms of erysipelas, especially of the lower limbs, attended with much œdematous swelling, are always greatly benefited by the hot air, and still more by the sulphur fume bath. The disposition to attacks of this kind exhibited by some individuals, may be got rid of entirely by the occasional use of this means. I have even seen very acute attacks of erysipelas arrested in their progress and resolved by the use of the sulphur fume bath, and this is a means I am now in the constant habit of resorting to, after the first violence of the symptoms has been subdued by the enforcement of the antiphlogistic system and measures of general depletion.

CASES OF ERYSIPELAS.

A lady, aged 45, very pale and very fat or fleshy, but evidently of a weak and flabby constitution, had been subject to attacks of erysipelas twice and often three times a year, for several years. When called to see this lady for the first time, October 12th, 1831, I found her labouring under one of her usual attacks. One eye was completely closed, and the other very nearly so, from extensive and general tumefaction, attended with much diffused redness of every part of the head and face; febrile symptoms were running high; the pulse was quick and small, the thirst urgent, headach distracting, bowels constipated, and the skin dry and burning; she could not bear the light, but did not complain of any great degree of pain, though the features were extremely disfigured by the swelling, and the patient's whole appearance was that of a person greatly distressed. This lady had numerous enlarged glands in the neck; and the head had for months been drawn to one side by constant pain and swelling, apparently of the muscles of this region. These glands were now more swollen and painful than they had ever been during any former at-

tack; indeed, the general symptoms, she assured me, were also severer than they had yet been, and this she ascribed to the attack having come on after a cold caught whilst under the influence of mercury for her general constitutional ailments. One knee was also enlarged, and a collection of fluid could be distinctly felt within the capsule.

I directed a purgative dose of calomel immediately, to be followed up by diaphoretic medicines and diluents, and the patient was enjoined to keep her bed. October 14,—The bowels had been freely opened. The skin was still dry and unperspiring, and the patient very irritable. The swelling about the eyes was somewhat diminished, but the ears, and parts about the mouth and lower region of the face, were very much puffed, and the patient now complained of some difficulty of swallowing. Four leeches were ordered to be applied behind each ear, and the aperient to be repeated. The phlegmatic and sluggish temperament of this patient would, I felt persuaded, enable her to bear the excitement of a fumigating bath, even at this stage of the erysipelas under which she laboured; and my experience of the good effects which in such cases followed the general stimulation of the vascular system through the medium of the skin, and the restoration of the proper functions of this extensive membrane, to the suppression of which, and the unequal distribution of the circulating fluids, I attributed first the local disease, and next the general distress under which this patient suffered, I had no hesitation in recommending a sulphur fume bath, as the speediest, safest, and best means of cutting short the complaint. Accordingly, on the 15th, the patient took a fume bath for the first time. She felt so much relief immediately, that she herself proposed repeating the remedy in the evening of the same day. I, however, advised her to wait till the 17th, when she had another bath, and this was taken for the next few days in succession, when she felt herself perfectly recovered. By continuing the baths for some little time longer, the glandular swellings in the neck disappeared; the enlarg-

ment of the knee also subsided, and the fluid it contained was reabsorbed. This patient has since enjoyed better health than she had done for a long time previously, and up to the present date (December, 1834) has remained free from her old enemy, erysipelas.

The use of the sulphur fume bath in such a disease as erysipelas may appear bold practice; I am satisfied both of its efficacy and perfect safety. The first case of the kind, indeed, which I saw treated in this way, caused me some alarm for the patient's safety, but also made a powerful impression on my mind. It was that of a gentleman about forty years of age, labouring under an attack of erysipelas of the head and face, of the most violent description: both eyes were buried in the head, and every part was so much swollen, as almost to obliterate all resemblance to the human countenance; the patient seemed farther to be in a half stupified or comatose state. I learned that he was subject, once or twice a year, to attacks of this kind, mostly from exposure to damp cold, occasionally from errors in diet, but sometimes also from no evident or imaginable cause.

I saw this gentleman, in the state I have described, placed in a sulphur fumigating apparatus by the foreign physician, whose patient he was, and, I confess, not without some anxiety for his safety; but the result soon dissipated my fears, for the general perspiration had set in but a few minutes, when the swelling of the face seemed to subside, and the features to acquire something more of relief. Next day, the patient would have been readily recognised by his friends, and his articulation, from being perfectly unintelligible, had become distinct. The baths were continued every day; on the fourth day afterwards, I met the patient in the street, walking as if he had had nothing the matter with him.

During the last twelve years, cases of this kind have been familiar to me, and now that I reflect on the power which the hot air and sulphur fume bath possess in restoring at once the proper functions of the skin, I no longer view

their effects with any portion of the doubt or wonder which mingled at first with my speculations on their modus operandi.

ROSEOLA.

This is a slight and transient exanthematous eruption, distinguished by the bright rosy red colour of its variously shaped patches, which are not raised above the general level of the integuments, and which are preceded by febrile or other symptoms of constitutional disturbance.

From this definition it is evident that roseola must bear a strong affinity to erythema; and many authors have owned themselves at a loss to distinguish at all times between the two groups, which indeed appear to be kept distinct at the present day, merely through deference to the authority of Willan.

Roseola is always an acute disease, and is a common symptom of some irritation of the system, the nature of which is frequently very apparent. In young infants whose stomach and bowels are out of order, or who are teething, an eruption of numerous and crowded deep rose red spots or patches, from a third to a quarter of an inch in diameter, and of a circular shape, which continue vivid between twenty-four and thirty-six hours and then vanish, is a very common occurrence; this is the ros. *infantilis* of authors.

Another variety of roseolar efflorescence, which seems to hold a kind of middle position between erythema and an eruption presently to be described, (urticaria,) usually makes its appearance during the heats of summer, having been preceded for some days with general symptoms of some severity, —ros. *æstiva*. This eruption commonly first appears on the face, neck, and arms, and spreads from thence within a day or two to the rest of the body; it is accompanied with a very considerable degree of itchiness, and often with so much fever and difficulty in swallowing, from having extended to the mucous membrane of the pharynx, that it is at one time pre-

sumed to be measles, at another, scarlatina. This state of things commonly continues three or four days, when the eruption disappears without any evident desquamation. The whole progress of the affection is however extremely irregular, sometimes appearing with little or no initiatory or accompanying fever, at other times with a great deal of both; now disappearing suddenly for a time, to return after a brief interval, and again vanishing altogether.

An eruption presenting external characters nearly similar to those of the one just described, frequently appears in the autumn, whence it is characterized as ros. *autumnalis*. Children are its usual subjects. It commonly appears on the arms in distinct circular or oval shaped spots of a dusky red colour from half an inch to three quarters of an inch in diameter. It is a slighter disease than the summer variety.

Instead of appearing in round patches, the eruption of roseola occasionally shows itself under the form of distinct rosy rings,—ros. *annulata*. These rings gradually enlarge from the dimensions of a small split pea, in their outer circumference, which they present at first, till they approach an inch and a half in the round, which encloses in every instance a circular portion, greater or less in extent, of integument that appears perfectly healthy. Two or three of these rings may frequently be seen one within the other. Annular roseola is principally observed upon the abdomen and lumbar regions, on the buttocks and along the thighs.

Several other varieties of roseola have been described by writers on cutaneous affections, which appear to be nothing more than an erythematous blush accompanying various constitutional affections; such are the roseola *rheumatica*, which is frequently seen along with acute rheumatism; ros. *febrilis*, with fever of a continued or typhoid character; ros. *variolosa*, and ros. *vaccina*, with the development of the variolous and vaccine pustule after inoculation.

Roseola, with the characters of the variety entitled *æstiva*, is occasionally seen reigning epidemically during very hot

summers. Children and women of delicate complexion appear to be most subject to its attacks.

The immediate causes of the disease are often evident enough; in numerous instances however they are very obscure. The disease has never been suspected to be contagious; it attacks individuals repeatedly in the course of their lives; some even show a kind of susceptibility to this kind of disorder.

Roseola is very apt to be mistaken both for measles and scarlet fever; indeed it might be made a question whether several of the varieties of exanthematous eruption thus entitled might not with propriety be referred to the head of anomalous measles. Roseola however is in general distinguished from both measles and scarlatina by the more regularly circular shape and circumscribed appearance of its patches, which are of a deep rose red colour, larger than those of measles, and smaller than those of scarlatina. The constitutional symptoms of these two affections are peculiar, and should always be attentively considered in coming to conclusions in regard to diagnosis. There are several other diseases of the skin that affect the annular form, as well as roseola; but as they belong to groups characterized by elementary lesions of different descriptions, there is no risk of confounding the one with the other, they have but the annular form of their patches in common, nothing more.

Roseola, save as a symptom of constitutional disturbance, might be safely left to itself. When it is symptomatic of another affection, it is towards this that the chief attention is to be turned. A good application to the patches of roseola is the tincture of cantharides, rubbed on with the point of the finger three or four times a day; it does not vesicate, but causes the spots to fade more quickly than they do when left to themselves. In every case, rest, the use of some mild diluent, and abstinence from all animal and heavy articles of food, will be proper. It may happen, however, that the symptoms run so high, and the disease is accompanied with such a degree of itching and restlessness, that more active

measures become necessary. The effect of a smart purge may then be tried; and if this should fail, the detraction of a few ounces of blood from the arm will certainly give relief. The course of these roseolar affections may also be cut short by the use of the hot air or sulphur fume bath, and the constitutional peculiarity that renders individuals habitually subject to such complaints, be entirely removed by the same means.

URTICARIA, OR NETTLE-RASH.

Nettle-rash, as its name implies, is a non-contagious exanthematous eruption, characterized by prominent patches, or wheals of various sizes and irregular shapes, in the majority of instances extremely transient, usually paler, although they are in some cases redder, than the integuments at large, and always accompanied with a burning and very annoying kind of itchiness.

Nettle-rash very often appears as an acute affection, lasting for a few days only; but in other instances of still more frequent occurrence, it continues for months, and sometimes even for years, a fresh eruption of wheals occurring as soon as the old ones begin to decline, with the characters therefore of an inveterate and enduring disease.

This disease attacks individuals of all ages and constitutions, but children, the youthful, and females, especially those of nervous and sanguine temperaments and fine skin, seem more peculiarly liable to its invasion. It would appear to be more prevalent during spring and summer than in autumn and winter.

Nettle-rash is the cutaneous eruption which of all others may most frequently be traced to its causes, among the most frequent of which is the ingestion of some particular article of food, such as shell-fish of different kinds, lobster, shrimp, crab, &c. mussels, bitter almonds, mushrooms, cucumbers, raw salad, and even oat-meal, vinegar, and honey, many

medicines, such as turpentine, balsam of copaiba, &c.—one or other of these substances taken into the stomach, in ever so small a quantity, by certain predisposed individuals, always occasions the disease: nay, so susceptible are some, that the pressure of any part of the clothes, or the slightest pinching or rubbing of the skin, is shortly followed by the evolution of a prominent itchy wheal.

Urticaria is extremely irregular in its progress and general symptoms, in one case appearing with all the characters of a local disease, in another accompanied by constitutional symptoms, even of great severity. In one case the eruption appears once, and after continuing for a few hours, vanishes finally; in another, a number of wheals are evolved repeatedly for several successive days or weeks, with but short pauses between each attack; in a third the disease disappears for a time, but recurs at intervals for months and even for years.

The most common and striking form of the disease is that which follows the ingestion of one or other of the articles mentioned. After the lapse of an hour or two, and occasionally of a much shorter space of time, a sense of great general uneasiness, of sinking and giddiness, together with a feeling of weight and pain about the pit of the stomach, are complained of; these sensations are speedily followed by nausea, sickness, and vomiting; the skin begins to tingle and feels very hot, and an eruption of pale elevated spots, surrounded by a bright red circle, makes its appearance over almost every part of the body, but especially the shoulders, loins, and inner aspects of the arms and thighs, and around the knees. These wheals are prominent, hard around their edges, of different sizes, and often of a circular shape; they are frequently also very irregular in their outline. A very considerable degree of febrile excitement accompanies this eruption in its course,—urt. *febrilis*. When the eruption is very copious, the wheals run into each other in various places, and then the integuments and particularly the features look swollen, feel stiff, and the whole surface is often suffused with a bright red blush,—ur-

ticaria *conferta*. An itchiness and a sensation of stinging of the most unpleasant kind, which are greatly aggravated during the night by the heat of the bed, accompany this eruption. The individual wheals are generally of short duration, lasting from a few minutes to two or three hours. In some cases of rarer occurrence, the wheals continue unaltered for two or three weeks,—urt. *perstans*, accompanied, all the while, with febrile symptoms, depression, disinclination to food, and disturbance, in a greater or less degree, of the digestive functions. This variety of the disease is more apt to supervene upon some moral paroxysm, acute grief, violent anger, &c. than the ingestion of any unwholesome article of food.

Besides appearing in this acute form, urticaria frequently shows itself as a purely chronic disease. Without being accompained by fever, or any other appreciable constitutional disturbance, the eruption flits about from place to place, frequently, however, selecting one upon which it seems to appear in preference to any other, but disappearing from all in the course of a few hours, and being only attended with a violent itchiness whilst it lasts. The wheals are then very irregular in their shapes, and are not surrounded by any inflammatory blush; they often bear a great resemblance to the marks produced upon the skin by flagellation,—urt. *evanida*. This form of the disease is very obstinate; it usually continues for months, and has been known to last for seven and even a greater number of years. It can occasionally be traced in connexion with a disturbed state of the digestive functions; but it frequently torments individuals who in all other respects enjoy the most perfect health.

Another and very rare variety of the disease (urt. *subcutanea)* is not at all times attended with any eruption of wheals, and the usual feeling of burning pruritus. The sensation that accompanies this variety is such as is produced by a needle piercing the skin, and the only external indication of the disease is the evolution of a number of red and scarcely raised points. The occurrence of a proper nettle-rash wheal, how-

ever, every now and then, proclaims the true nature of the affection.

The disease again at times possesses characters of great severity, and is proclaimed not merely by an eruption of slightly raised wheals that itch for a time and then disappear, but by the development of hard, deep-seated, and painful lumps or tuberosities, which impede motion. These usually appear in the evening about the lumbar regions and on the extremities, and vanish next day, leaving the patient worn out and fatigued, weak, and excessively depressed. When these lumps are thrown out about the face, throat, and chest, they cause enormous swelling of the features, and so much dyspnœa, accompanied with such irregular action of the heart, that patients occasionally appear in danger of suffocation. The intemperate are the usual subjects of this variety of the disease, (urt. *tuberosa,*) although this is by no means universal, for I have met with it in a most abstemious gentlewoman, of very susceptible constitution.

Urticaria is easily distinguished from every other form of cutaneous disease. The form, elevation, general colour, and transient nature of the eruption, combined with the peculiar character of the pruritus that attends it, prevent it from being mistaken for any other of the exanthematous diseases. The only one, indeed, with which the species entitled *tuberosa* is at all likely to be confounded, is the erythema *nodosum;* but the regular, acute, and continuous course pursued by this affection is the very reverse of that observed in the urticaria; and, therefore, though at first sight some doubt might be entertained as to the nature of these two affections, a day will always proclaim their difference. In lichen *urticatus*, a papular disease, the eruption is rounder, less prominent, less extensive, harder under the finger, of a deeper colour, and much more enduring than the wheals of urticaria generally prove. In the vicinity of the spots of this variety of lichen, a number of true papulæ, sufficient to declare its nature, may also always be discovered. It is necessary to remember that the various species of urticaria now and then occur compli-

cated with erythema and roseola especially, and occasionally with lichen and impetigo.

When urticaria is caused by any article of food which has disagreed with the stomach, or proves poisonous through peculiarity of constitution, vomiting, if it have not already taken place, should be excited. No medicine in these cases generally proves more efficient than the ipecacuanha. It is time enough to resort to the more powerful emetic metallic salts when this has been tried and found inefficient. It is generally advisable to prescribe a few doses of aperient medicine subsequently, and to keep the patient upon spare diet, and some acidulated diluent. The vegetable acids in general answer very well for this purpose, but they disagree with some stomachs, and I have even known lemon juice produce the disease; in these cases the sulphuric or nitric acid, in barley water, may be substituted. If the disease be very violent, and these measures do not afford relief, or even if the symptoms run very high, it may be proper to bleed from the arm at once, and this will always be found a very effectual remedy. The blood withdrawn in such cases is constantly buffy. The other particulars in the treatment may then be pursued with great advantage, and the tepid alkaline bath added, in case the itching prove extremely troublesome. In the common febrile nettle-rash, should the eruption appear in preference upon any one district more than another, bathing the parts with a cold acetate of lead, or subcarbonate of potash wash, will generally be found very grateful. These measures, with particular attention to diet, will commonly prove sufficient to subdue urticaria in its acute or febrile form.

The disease with the chronic type is much less under the influence of remedial measures. If there be nothing to contraindicate the practice, a quantity of blood, in proportion to the age and constitution of the patient, may be taken away as a preliminary step, or a number of leeches may be applied to the arms or groins as a substitute. In these cases, the diet and general regimen must also be most particularly regu-

lated, or little good will be done ; the lightest, and yet adequately nutritious, articles of food must alone be used, and spices, and spirituous and fermented liquors of every kind abstained from. After a time, the use of the hot air or vapour bath may be commenced, and diligently used until all traces of the disease have disappeared. This form of bathing will be found much more powerful in subduing the disposition to nettle-rash exhibited by many individuals, than any kind of simple or medicated water bath that can be employed. In the later stages of some of the most severe species of the disease, it may even be necessary to call in the aid of the sulphur fume bath, which rarely disappoints us in altering those morbid conditions of the skin that predispose to cutaneous eruptions of so many kinds, and to urticaria in particular. In these latter instances, however, it is advisable to give the baths at a low temperature. At the same time, gentle aperient medicines must be exhibited at regular intervals, all violent exercise abstained from, and moral impressions of a painful nature avoided as much as possible.

When urticaria assumes anything of an intermittent type, which it does occasionally, the disease frequently proves rebellious to every variety of treatment, unless combined with that which is adapted to febrile affections of the same character. In these cases, consequently, the bark or sulphate of quinine must be prescribed, whilst all the other measures recommended generally are enforced. Should these vegetable febrifuges prove unavailing, the Fowler's arsenical solution must be tried in small doses gradually increased; and this is a medicine that seldom fails to interrupt the sequence of morbid actions upon which nettle-rash then depends, and to produce such a modification of constitution as leads to its ultimate cure.

CASES OF URTICARIA.

M. R., a young lady of delicate fine skin and sanguine temperament, after eating heartily of lobster for supper, was during the night seized with pain in the stomach, oppressed

breathing, headach, restlessness, and violent itching and tingling of the skin. On assistance being called, the skin of the face and eyelids was found greatly swollen, and of a florid red interspersed with whitish hard elevations, some the size of a bean. This appearance extended over the throat, chest, stomach, and arms. She first took some castor oil, which, without operating, made her feel sick. An emetic was then administered, and parts of lobster in an undigested state were ejected. She was placed in a warm bath, and had a dose of colocynth and scammony, with only tea and spoon-meat directed. In the evening her breathing was relieved, and the medicine had operated; she was still very restless, and complained of itching and tingling, and a considerable degree of thirst. The tumefaction of the face, arms, and trunk was not diminished in extent or appearance. She was directed to repeat the bath, and take a dose of opening medicine every three hours, till copious discharges from the bowels were produced. During the second day the medicine operated plentifully, and the symptoms abated. Some cooling febrifuge was directed, and she was perfectly well on the fourth day from the attack. This is simply a case of nettle-rash, showing itself in a few hours, after taking food not congenial to the constitution of the patient.

Intermittent nettle-rash with derangement of stomach.

Mrs. S., aged 48, of a phlegmatic habit, and often ailing, had for some months been teased with a rash, principally on the chest, but no part of the whole trunk or extremities was entirely free from the disease. She suffered an accession of tingling and smarting regularly as evening came on, which continued most part of the night; in the morning, some abatement of the irritation took place, and, worn out with fatigue, she then usually fell into a short sleep, on awaking from which, there was no appearance of rash, wheals, or spots on the skin, to account for the long-continued disturbance she had undergone. On scratching any part of the body, how-

ever, elevations or wheals of various figures, and lighter in colour than the surrounding skin, would appear, and not again subside, until some hours had elapsed; during their continuance, these were attended with smart stinging sensations. Other circumstances contributed to occasion this lady much mental irritation, which no doubt aggravated or caused a continuance of the complaint.

She had undergone several courses of medicine, but without benefit; mercury, sulphur, and various lotions and ointments, which had been tried, seemed all to be useless; she had always been what is called a dyspeptic patient, and every little irregularity in diet had been followed by symptoms more or less intense of nettle-rash, previous to this last more continued and very severe attack of the disease.

Under these circumstances, and unadvisedly, she chose to take the sulphur fume bath, with which she for some time persevered, but only with aggravation of the symptoms of her malady. After this period she placed herself under my care, September 16th, 1833. She had been previously taught the advantages of the mildest diet, and abstinence from wine, spirits, and fermented liquors. She was confined almost to milk and rusk diet. Tea, in which she had been in the habit of indulging, with much sugar, was quite discontinued; she was directed to avoid fatiguing or exciting exercises, and to keep herself as tranquil as possible. She was ordered a wine-glassful of the following medicine every morning:—℞. magnes. sulphat. ʒvj. magnes. calc. ʒiß. mannæ opt. ℥ß. aq. menthæ virid. oß. M.; and twice during the day a teaspoonful of the following drops in water,—℞. acid. nitric. ʒi. infus. rosæ, ℥ij. She was further directed to take a water bath at only 90° of Fahrenheit, in which was to be mixed a large basinful of thick gruel, and to remain in the bath from a half to three quarters of an hour, each night previously to going to bed.

The internal functions of this lady were performed with much irregularity; she arose in the morning languid and unrefreshed, with no appetite for breakfast, and the bowels constantly required the assistance of medicine. The pulse

was moderate and regular, the tongue clean except at the base, which was covered with a greyish mucus. After three days this patient declared she had already experienced more comfort than she had known for months. The medicine was followed by copious purgation, but without any feeling of consequent weakness; on the contrary, she felt a renewal of strength. Even on the simple diet prescribed, she felt able to continue the medicine and baths; soon, however, she was in a state to partake of well-boiled vegetables and jellies. September 26th, Mrs. S. continued improving; the quantity of the purgative medicine was lessened, she began to take sparingly of broth and animal food. On the 4th of November she considered herself well, and I lost sight of her.

January 10th, 1834, she again visited me with a recurrence of the symptoms of nettle-rash, but much milder in degree. She resumed the plan of treatment formerly pursued, and was again well by the 24th. She was then directed the following medicine, in consultation with my friend, Dr. Ridgway,—℞. flor. sulph. ʒiß. pulv. myrrh. opt., pulv. rhei. āā, ʒß. pulv. ipec. ℈j. terebinth. venet. ʒß. m. ft. pil. sing. gr. iv. cum aquæ q. s. sumat ij. mane nocteque. February 1st, this medicine occasioned no aggravation of symptoms, and she began the use of the sulphur fume bath, which from its powerful influence in modifying diseased actions in the skin, and causing the obstructed cuticle to peel off in shreds, I am inclined to trust, has placed this patient beyond the risk of a recurrence of her tormenting malady, at least for some time to come.

The first of these two cases shows that urticaria or nettle-rash, arising from substances that immediately disagree in a peculiar manner with the stomach, may be remedied by the commonly indicated means; the second, that when the disease proceeds, or is continued, from a deranged state of the stomach and general system, it may be subdued by these

means properly modified, and the disposition to it, perhaps, even permanently removed by the use of the sulphur fume bath.

RUBEOLA, MEASLES.

Measles is a contagious exanthematous disease, of which the cutaneous efflorescence constitutes but a very small part. The attack is ushered in by feelings of languor and depression, chilly or shivering fits, sneezing, running of the nose and eyes, a hard barking cough, and symptoms of general fever. Towards the third or fourth day a number of small, distinct, and circular red spots, slightly raised above the general surface, appear upon the face ; and the neck, chest, trunk, and extremities, are covered in succession with an eruption of a similar description. These, at first papular-looking spots, increase in size, and sometimes appear vesicular in their centres, run into each other, and form aggregate patches of an irregular crescentic shape, with intervals between them in which the skin appears healthy. The eruption reaches its height within twenty-four hours after its appearance, and is usually completed in about twelve hours more. On the sixth day of the disease, the brightness of the efflorescence begins to abate on the face, but rather increases on the other regions of the body. Next day, the seventh, the eruption begins to disappear, and by the ninth, a slight yellowish staining of the skin alone proclaims its former presence ; this tint also disappears gradually, and is by and by succeeded by a furfuraceous desquamation of the cuticle, more or less conspicuous, and usually accompanied by a considerable degree of itchiness.

The constitutional and general symptoms do not abate with the appearance of the eruption ; it is only after it is completed, and as it begins to decline, that they diminish in severity.

Rubeola is a disease which occurs with very different degrees of intensity ; in one case the symptoms run so high that bleeding and active treatment become indispensable ; in another they are so slight, that but for the attention which

the known existence of the disease in a family excites, some of its members might be supposed to have escaped the infection altogether; slight symptoms of cold alone marking its presence in one, and some degree of eruption proclaiming its occurrence in another.

In itself rubeola is not a dangerous disease, but its frequent complication with bronchial and pulmonary inflammations, and the delicate state in which it frequently leaves children, during the tardy recovery that follows its invasion, renders it one of the most formidable diseases of infancy.

The precursory symptoms, the known prevalence of the disease, which almost always reigns epidemically at the end of winter and beginning of spring, and the punctuated and then mottled and crescent-shaped appearance of the eruption, distinguish measles from scarlet fever. In some cases, however, it is extremely difficult, from the mere external characters of the eruptions in these two diseases, to distinguish the one from the other. The predominating general symptoms, the nature of the prevalent epidemic, &c. then aid essentially in coming to a conclusion.

The treatment of measles is so well understood generally, that I hold it unnecessary to enter at length upon this subject. Antiphlogistic measures, and protection against sudden alternations of temperature, during both the active stage of the disease and convalescence from it, form the basis of the treatment; intercurrent affections, particularly inflammation of the bronchi and pulmonary tissues, must be met in the usual way, by the abstraction of blood, &c. But the sequelæ or dregs, as they are called, and that disordered state of the general health which so frequently follows measles, often prove more serious evils than the disease itself. There is indeed almost no complaint which does not occasionally follow in the train of measles; but a consumptive tendency, and a disposition to scrofulous enlargements of the glands, are amongst the most common of its consequences. It is seldom that children recover from measles without continuing long subject to a hard, dry cough, and a parched and unperspiring

state of skin, which, indeed, very commonly precede the other evils that have been mentioned. I know of no remedy more powerful in any disease, than the hot air or vapour bath in altering this peculiar state of the system. Taken once or twice it restores the proper functions of the skin ; the irritable condition of the bronchial membrane then subsides, and the patient frequently regains health and strength in an incredibly short space of time.

SCARLATINA.

This is another contagious eruptive fever, a brief notice of which, for the sake of connexion, appears necessary in this compendium. Scarlatina is distinguished, after one or two days of general febrile excitement, by an eruption of minute red points, which soon run together and form broad patches of a vivid red colour, and which, by coalescing, give to extensive regions, or to the entire surface of the body, the appearance of having been stained with raspberry juice. Nor is the skin alone affected in this way ; the lining membrane of the eyes, nostrils, mouth, tongue, and pharynx especially, is of the brightest scarlet, and it is probable that the efflorescence extends through the whole course of the alimentary canal.

The general febrile excitement runs very high in scarlet fever ; the pulse is excessively rapid, and the heat of surface frequently higher than it is observed to be under almost any other circumstances. This state coincides with a total suppression of perspiration in particular, and of the secretions generally ; there is intense thirst ; little or no urine is secreted, the bowels are constipated, &c. ; and in connexion with the affection of the mucous membranes, pain in the throat, and difficulty of swallowing, are among the most common and characteristic symptoms of scarlatina. It is generally within the first four and twenty hours after the appearance of the febrile symptoms, but sometimes not until the following day,

that the eruption of scarlet fever shows itself upon the face and neck, from which it spreads successively but rapidly to the rest of the body. The eruption consists of an infinity of minute red points, so closely crowded together, that the surface presents one uniform bright red tint. The skin then feels dry and rough under the finger, and the parts upon which the body has been lying look highly irritated and inflamed.

The tongue, in scarlatina, has often a singular appearance; covered in the middle and posteriorly with a whitish fur, the tip and edges are of the most vivid red, and the papillæ, of the same hue, project in many places, especially towards the lip through the covering, so that it bears a pretty strong resemblance to a ripe strawberry.

The febrile symptoms do not generally decline with the appearance of the eruption; the heat of surface continues as high as ever, the thirst as urgent, there is frequently some degree of drowsiness, and the features often look puffed. There are generally well marked exacerbations in the evening, when the colour of the eruption becomes more bright than ever.

This state of affairs continues till the fifth day, when both fever and eruption, and all the distressing symptoms, begin to decline; the swallowing is less painful, the skin perspires often copiously, the kidneys resume their functions, the bowels are often relaxed, the thirst is no longer complained of, and the appetite returns, though it still causes considerable pain to swallow. About the seventh day, desquamation of the cuticle commences, attended with a considerable degree of itching, and frequently continues for a month or six weeks, being several times renewed over the same regions.

This is the disease in its most simple form,—scarlatina *simplex*, which lasts in all from eight to ten days. The whole of the symptoms, however, may be much more severe, the deglutition especially may be so much affected that nothing can be got down, liquids being returned by the nose, when the attempt to swallow is resolutely made. The patient may also

complain, from the very outset, of a great degree of stiffness about the throat and lower jaw; the tonsils are then enormously swollen, the voice is hoarse, and there is greater restlessness and more frequent rambling during the night, than in the simple variety. The eruption is also later of showing itself in this than in the former species, not appearing till late in the second day, often not before the third, and varying in its characters, not being nearly so generally diffused, but rather consisting of broad, irregular, scarlet-coloured blotches, dispersed here and there over different regions.

Besides the vivid efflorescence of the lining membrane of the mouth and throat, a pultaceous exudation or deposit frequently occurs on the pharynx and amygdalæ, in this severer variety—generally of a whitish-grey colour, but in bad cases of a brown or black, from being stained with extravasated blood. The tongue and lips are then dry and brown, the latter often becoming chapped, and bleeding. The variety of the disease now described is entitled scarlatina *anginosa*. It continues considerably longer than scarlat. *simplex*; the eruption often vanishing and reappearing on different regions at irregular intervals.

When the symptoms of scarlatina *anginosa* are of extreme severity, the disease is entitled scarlatina *maligna*, a variety which must be regarded merely as one of degree, for a detailed account of the disease turns out a list of the morbid phenomena already enumerated, much increased in severity, with greater prostration of the general powers, and a more unfavourable tendency in the morbid actions.

Scarlatina is always to be regarded as a serious disease. It is impossible to say in the beginning whether the symptoms may turn out slight or severe; and even when the disease itself is happily got over, a host of dangers attend upon convalescence; one of the most unpleasant of which is general anasarca, an affection that is very apt to occur eight or ten days after the disappearance of the efflorescence. Scarlatina *maligna* is a very fatal malady, and often sweeps off two,

three, or four members of a family, within the space of a few days, one after the other.

The treatment of the slighter cases of scarlatina may be limited to dietetic means, and the enforcement of the mild antiphlogistic plan during the continuance of the disease, and afterwards the precautionary measures against exposure to cold or over indulgence of the voracious appetite, which, with children and the youthful especially, accompanies recovery. When the symptoms run high, more active steps require to be taken. Bloodletting, both generally and locally, must be resorted to; and in adult, and youthful, and vigorous subjects, may be practised fearlessly and with the greatest advantage. Venesection in the beginning of scarlat. *anginosa*, and especially in scarlat. *maligna*, is the best, if it be not perhaps the only means we possess of giving a better and more manageable character to the disease in its after stages. At the same time the return of the secretions must be solicited by the exhibition of gentle aperient and diaphoretic medicines. The cold affusion is another powerful means of allaying the intensity of the febrile excitement. The reserve that so long attended the recommendation of this measure is never felt at the present day, at least in this country: it is perfectly free from danger; unfortunately, however, it frequently proves unavailing either in cutting short or in mitigating the symptoms of the disease. When happily it has so beneficial an effect, its action is almost instantaneous; the patient passes nearly at once from the state of agitation that attends a burning fever, to a tranquil and refreshing slumber.

Should symptoms of anasarca appear during convalescence, their progress may be almost certainly arrested by the use of the vapour bath. Besides being the most effectual and speedy means of checking this frequent and unpleasant attendant upon convalescence from scarlatina, the vapour bath has the advantage of not only not retarding the patient's ultimate recovery, as all the other curative measures usually enforced

necessarily do, but even of accelerating it. When the eruption only appears partially, or when it recedes after having made its appearance, the same means will be found very effectual in bringing it out, or in restoring it to the surface.

Whatever be the view taken of the manner in which the atropa belladonna acts, there seems little room to doubt of its prophylactic powers in scarlatina; those who have taken this medicine, generally escaping the disease altogether, or, if they did become affected, having it in the mildest possible form. Perhaps the best way of administering the medicine is to dissolve from six to ten grains of the *extract* in an ounce of distilled water, and to give from 5, to 10, 15, or 20 drops for a dose, three or four times a day, according to the age and strength of the patient. This very small quantity of the belladonna has actually seemed to give immunity in innumerable instances, amidst the most virulent epidemic prevalence of the disease. Such a simple means of escaping entirely, or mitigating the violence of so serious a disease as scarlet fever, is always worthy of a trial. I had very lately an opportunity of witnessing the good effects of this medicine among the children assembled at a boarding school where scarlatina broke out; four of the children to whom the medicine was administered, escaped the disease entirely.

VESICULÆ.

Those diseases of the skin are entitled vesicular, which appear primarily under the form of minute collections or globules of transparent fluid effused beneath the cuticle. The fluid in vesicles either continues transparent to the last, or becomes turbid and purulent in appearance. It is occasionally reabsorbed into the system; but is much more frequently shed upon the surface. Vesiculæ, when their contents are reabsorbed, are commonly followed by some degree of epidermic exfoliation in the shape of flimsy squamæ; when their fluids become sero-purulent they concrete into thin yellowish coloured laminated crusts; some of the species very regularly give rise to painful excoriations; and one or two of them are pretty frequently followed by ulceration properly so called.

Of the four species of vesicular inflammation which we shall here describe—Scabies, Herpes, Eczema and Miliaria, the first and last are contagious, and all, except the last, are essentially chronic in their nature. Scabies, which by Bateman was ranked among pustular diseases, is now generally admitted to be primarily vesicular; and vaccinia and varicella, which he and those who have followed him have classed among the vesicles, are now generally spoken of under the head of pustules, from their evident and acknowledged affinity to the varioloid group. Vaccinia, indeed, is to all intents and purposes a pustular affection from the first.

Some of the vesicular diseases are preceded by very evident constitutional symptoms; others make their attack without the slightest apparent disturbance of the general system. Some of them also appear without any previous redness of the surfaces they invade; others follow a violent excitement of these parts. The vesicles, in one species, repose on a red and inflamed basis, in another they are not surrounded by the

slightest inflammatory blush. The vesicles are now crowded and confluent; and again, they are distinct and disseminated. In one variety of vesicular disease they are minute and acuminated or globular; in another they are broad, and either prominent or flattened in their forms. Vesicular eruptions are seldom general; they usually appear as irregular patches confined to certain districts, and frequently assume particular shapes, such as bands, rings, &c.

In almost all the stages of their existence, vesicular diseases may, with a slight degree of attention, be distinguished from every other form of cutaneous eruption. From bullous affections they are distinguished by the greatly inferior extent of their serous effusions; from pustular diseases, by the primary appearance of each particular spot as a transparent vesicle, and the flimsy laminated scale, rather than the consistent scab that results from the escape and drying of its contents upon the surface.

The vesicular are not in general either serious or very intractable diseases. They vary in duration from a few days to a few weeks or months, but if no means be used for their cure they may be protracted even for years.

SCABIES, ITCH.

This is one of the most common of the cutaneous diseases, and though it be especially met with among the poorer classes of society, which are the most negligent of personal cleanliness, still all are alike open to, and occasionally suffer from its attacks; for it is one of the most contagious of diseases, and one individual affected is enough to contaminate thousands. The disease is characterized by an eruption of distinct, slightly acuminated vesicles, transparent in their summits, and accompanied with such a degree of pruritus as has caused the eruption to be vulgarly designated by this concomitant symptom, itch.

Scabies attacks almost every part of the body, but is much

more frequently seen between the fingers and toes, about the wrists, in the bends of the arms, axillæ, popliteal regions, and groins, than elsewhere. The disease does not appear ever to arise spontaneously; it may always be traced as a consequence of infection. The time that elapses between the inoculation of the disease and its appearance, has even been pretty accurately ascertained: in children it varies from four to five or six days: in adults from ten to twenty days, according to the season, the period of incubation being longest in winter: in the aged the interval is still further protracted.

The first symptom of scabies is a violent itchiness in the parts that have been inoculated. This increases at night, and is exasperated at any time by the ingestion of stimulants of every description, and by the warmth of bed. If the parts thus afflicted be now examined, a number of vesicles with the characters already indicated will be discovered. These in youthful and robust individuals are of a pale rosy red colour, and increase rapidly in number; in the aged, and those of weakly habit, they do not differ perceptibly in tint from that of the integuments generally. In any case they are filled with a serous and viscid fluid, which flows out when they are punctured, or torn by the nails of the patient in scratching. When the eruption is thinly scattered the pruritus is not excessively troublesome; when it is thickly sown nothing can appease the intense itching with which it is accompanied. At no time however is the pruritus that attends scabies of a painful description; it is not associated with any of the smarting or burning sensations that characterize this symptom in different other diseases of the skin.

Tailors, sempstresses, and persons who work for the upholsterers at mattresses, &c. are of all others those who are most frequently affected with scabies.

The immediate cause of scabies has been a subject of repeated investigation among medical men, both of ancient and of modern times. Why the contagious properties of this, more than any other malady, have been held to require particular explanation, it is not easy to imagine; but so it is, and the

cause of the disease, and the ease with which it is communicated have been again and again at different times attributed to the presence of an insect, which has even been described entomologically, and its place in the natural system assigned to it. But there has hitherto been at least as weighty authority opposed to the admission as in favour of the existence of this insect as the cause of scabies, and all my own researches to discover it having failed, I had always inclined to side with those who maintained that the insects, figured as the *acarus* and *sarcoptus scabiei*, were nothing more than stray pediculi or cheese mites. Recent inquiries, however, would seem to place the existence of the acarus beyond the reach of doubt. (*Vide* Lond. Med. Gaz. Oct. 4th, 1834.)

The diseases with which scabies is most apt to be confounded are prurigo and lichen *simplex*, both of them papular eruptions, and therefore to be distinguished from the vesicular affection that now engages us, by the difference of their elementary form. Besides this primary character, however, which is frequently masked in a great degree, there are other particulars, that give us a hint, not to be mistaken, of the real nature of the disease submitted to our inspection. Prurigo, for instance, principally attacks the back and shoulders, and affects the outsides of the limbs in the line of their extension, whilst scabies is most usually developed on the abdomen, and on the extremities along the line of their flexions. The papulæ of prurigo, when torn, pour out a little blood only, which concretes into a small black crust, whilst the vesicles of scabies, when broken, shed a viscid fluid upon the surface that dries up into a thin yellowish coloured scab. The character of the pruritus in each affection is also different; the sensation in prurigo being extremely sharp and biting, whilst in scabies it is unmixed with any thing that can be entitled pain.

In lichen *simplex* the papulæ are usually very much crowded together, and occur in patches on the backs of the hands, when these parts are the seats of the disease, not between the fingers. The papulæ of the lichen do not in

general differ greatly from the prevailing tint of the integuments; the vesicles of scabies are almost always slightly red and inflamed. The pruritus in the lichen is not usually much complained of, and the disease itself is not contagious like scabies.

Scabies is even more apt under some circumstances to be confounded with eczema *simplex*. The elementary forms of both diseases are the same, but careful examination shows the vesicles of the eczema to be flatter, and generally more confluent than those of scabies; the clusters of eczema are further attended with a much higher degree of inflammation than the distinct and pointed vesicles of scabies. The pruritus in the two diseases also possesses perfectly distinct characters; in the eczema it is a painful smarting, which scratching does not allay, but rather renders more intolerable; in scabies it is not altogether an unpleasant sensation, for which a hearty application of the nails proves a sovereign and most delightful remedy. The diagnosis of scabies is occasionally complicated and made much more difficult, by the attempts made to cure it by the application of irritating unguents. These even cause vesicular and pustular eruptions as troublesome whilst they last, as the disease they were intended to remedy. It is, however, enough to be aware of this fact to avoid being led into error by its means.

Scabies does not appear to be a disease that exercises any influence upon the general constitution, at least this is the opinion generally entertained by those members of the medical profession whose minds are unoccupied by peculiar and theoretical views of pathology. The disease does not tend naturally to a cure like so many other complaints, but may continue for an unlimited length of time if not interfered with. It is, however, in general speedily and readily got the better of by the use of sulphur in one shape or another.

The most effectual mode of treating scabies is unquestionably by anointing the whole of the person either with the simple sulphur ointment, or with an ointment of one dram of the sub-carbonate of potash, two or three drams of sublimed sul-

phur, and one pound of hog's-lard or fresh butter.* With one or other of these ointments the person affected with scabies, being placed before a good fire in the evening, should be thoroughly anointed from the nape of the neck to the ends of the fingers and soles of the feet by an assistant, with as much of the ointment as he pleases, and having pulled on a pair of old drawers, socks, and gloves, in addition to a calico night gown, betake himself to bed, where he must remain for the next twelve or eighteen hours, when he may rise, and having a warm bath in readiness, free his skin from the remains of the application by means of soap and a soft flannel. One effectual application of the sulphur ointment in this way, which was the mode of using it recommended by the late Mr. Abernethy, frequently proves sufficient to cure the itch. It is certainly of more avail than twenty partial inunctions, in which half an ounce or an ounce of the specific only is expended at a time. Should the disease not appear to be completely eradicated, the same process must be repeated.

This then is the most certain mode of attacking scabies; but it is one which is very far from pleasant, and to which many patients, in the wealthier ranks of life especially, when they have accidentally contracted this disease, show an insuperable repugnance. In these cases the sulphureous water bath, with due perseverance, generally proves effectual. Half a dram of the sulphuret of lime, mixed with a little olive oil, and rubbed twice a day, for ten or fifteen minutes each time, upon the palms of the hands, also proves a remedy. A wash, composed of the sulphuret of potash dissolved in water, with or without the addition of a small quantity of the sulphuric or muriatic acid, applied to the affected parts, cures the disease rapidly, but is frequently attended with the inconvenience of

* Another ointment has been lately recommended to me by Dr. Sir Wm. Russell, which has been long used in India, and found particularly serviceable in scabies, composed as follows: R. sulph. loti ℥ss, sodæ boracis, ammon. muriat. āā ʒss hydrar. præcip. albi, ℈i. ungt. simpl. ℥i. to which ʒij. or ʒiij. of ol. terebinth. may be added or not at pleasure.

exciting vesicular and papular eruptions in irritable subjects. The sulphur fume bath is another effectual remedy, and, perhaps, the most *elegant* of all, for scabies. It may be taken once, twice, or even thrice a day, by which the cure is considerably expedited. The cleanliness, and freedom from all unpleasant smell of this mode of using sulphur, give it deserved preference among those classes of the community to whom these considerations and secresy are objects of importance, and the trifling additional expense it entails is a matter of no moment. When any of our remedies for scabies seems to excite new vesicular or papular eruptions, prudence suggests the propriety of immediately suspending it until these temporary excitations have passed away.

I have not sooner spoken of any other than purely local treatment in this disease, because it generally yields readily to such measures. Where the disease proves obstinate, however, there can be no doubt but that scabies, like so many other cutaneous affections, becomes much more tractable under outward applications after blood-letting has been practised, and a dose or two of purgative medicine, combined with attention to regimen and the use of some mild diluent, have been premised. It will be enough for me to hint at this circumstance at present, leaving my reader at liberty to make his own application of the fact in the particular instances he may encounter.

The woollen clothes that patients affected with scabies have worn, may be disinfected by being exposed in an oven to a certain temperature, or by being suspended in a close box and subjected to the fumes of sulphurous acid gas procured by the ignition of a rag dipped in melted sulphur.

ECZEMA, OR HEAT ERUPTION.

Eczema is a disease characterized by the eruption of great numbers of minute vesicles, clustered together in broad and irregularly defined patches, generally affecting one region of

the skin only, though this is often of considerable extent, and most commonly terminating in the production of moist excoriations; this at least is the case when the disease attains any degree of severity. The whole of the varieties or species of eczema that are usually described might very well be discussed under two heads only: as they are *acute* or *chronic* in their types.

Acute eczema.—When the vesicles are very minute, closely crowded together, and evolved without any appearance of inflammation or swelling of the skin either around the clusters or in the intervals between them, the disease constitutes the eczema *simplex*. These minute vesicles are perfectly transparent at first, but the globule of serum they contain grows turbid within a few days, and is then either absorbed, or, as more frequently happens, the fine layer of cuticle which confines it being torn by scratching, it is shed upon the surface and dries into a thin yellowish coloured incrustation, which is detached in a few days, leaving a small red print upon the skin, which is either dry, or bedewed with a serous exudation poured out by a minute orifice in the centre of the spot. This exudation soon hardens into flimsy squamæ, and the disease would come to an end anon, but for a fresh crop of vesicles that is very apt to make its appearance at this period of the complaint. The natural period of the disease, which extends to on more than a week or two, is thus frequently much protracted, and it may continue for months unmitigated.

The eruption of eczema *simplex* has been seen general, but it is much more frequently confined to particular districts, as to the arms and fore-arms, backs of the hands and intervals between the fingers, when, without proper attention, it is very likely to be confounded with scabies, which it is, indeed, at all times very apt to complicate, being excited by the stimulating applications used for the cure of this disease. Eczema *simplex* is not generally accompanied with any apparent derangement of the constitution; the most troublesome symptom attending it is the smarting pruritus, which, when violent, is hard to be appeased by any means.

Besides this mild form of the disease, eczema often occurs

with symptoms of much greater severity. The parts upon which the eruption is about to appear, are swollen, hot, tense, shining, and of a bright red colour. These, upon a careful inspection, are anon discovered to be beset with an infinity of minute prominent and glistering points, which by and by acquire the characters of true vesicles, being, at first, transparent, of the size of pins' heads, and surrounded by decided areolæ, but in general speedily becoming confluent. The contents of these vesicles, whether distinct or confluent, soon become milky, and commonly bursting their envelopes, escape under the appearance of a reddish coloured fluid, whence the disease has received its distinguishing title—eczema *rubrum*. The diseased surfaces in this state have a very characteristic appearance; denuded of cuticle to a considerable extent, they are of a reddish colour, and seem studded with small round granules or points, each of which is set within or surrounded by a circular, ragged edged, white coloured rim; the discharge from the inflamed surfaces in this state is frequently profuse, so much so that no incrustations are formed at first; it is only as the discharge diminishes in quantity and becomes thicker in consistence that it impregnates the remaining cuticle, and dries into thin scaly looking, greenish or yellowish incrustations, which are soon detached, only to be succeeded, however, by repeated formations of crusts of a similar kind though of greater permanence and solidity. The symptoms of inflammation now frequently decline, and if no fresh eruption of vesicles takes place, a new and healthy cuticle is formed, and the disease terminates of itself, having run its course in the space of from two to three weeks.

A third species or degree of eczema is marked by the secretion of a purulent as well as of a serous fluid, and from presenting many features in common with impetigo, a pustulous affection which will be mentioned by and by, has been denominated eczema *impetiginodes*. The surfaces affected by the disease in this aggravated form are scarcely observed to present a distinctly vesicular appearance, or if they do, it is for a very short time only; the fluid under the cuticle is milky, and

sero-purulent almost from the first; acute scalding or smarting pains accompany the evolution of these pustular vesicles; the cuticle soon gives way, and the fluid it confined escapes, or being detached in broad flaps, it exposes raw and excoriated surfaces inflamed to the highest pitch of intensity, frequently covered with false membranes and pouring out a faint, sickly smelling discharge, in such profusion that no dressing which is not incessantly renewed is sufficient to absorb it completely. The surfaces affected in this way become covered from time to time with thin, yellowish, laminated incrustations, which are never of long continuance, but are detached and renewed in rapid succession until the inflammation begins to decline; they then become thinner, remain attached longer, and as they are thrown off at length, expose surfaces of a less and less intensely fiery hue. The disease in this aggravated form, especially when of considerable extent, is apt to be attended with symptoms of constitutional disturbance, such as acceleration of pulse, restlessness, some degree of thirst, loss of appetite, &c. When mild, eczema may generally be regarded as a disease purely local in its characters.

The eczema *simplex*, eczema *rubrum*, and eczema *impetiginodes*, constitute, in fact, but so many grades in severity of one and the same disease. The inflammation is moderate in the first, and the vesicles are distinct though collected in clusters, and transparent; in the second it is more severe, and the vesicles are milky and confluent; in the third it runs very high, and the vesicles coalesce from the first so as to constitute a kind of blebs, which contain a quantity of purulent matter and pseudo-membranous formations as well as proper serum.

Even in the most severe form of acute eczema, the inflammation hardly extends beyond the dermal structures immediately affected. The lymphatic glands, indeed, in the near neighbourhood of the districts which are the seat of the disease, frequently become swelled and painful, but they always return to their natural state on the decline of the inflammation.

The whole of the varieties of eczema, especially those entitled *rubrum* and *impetiginodes*, have a tendency to become *chronic* in their characters; instead of ending within from two to three weeks, successive eruptions of sero-purulent vesicles and the profuse secretion of a thin ichorous fluid keep up the irritation for months; the skin then becomes profoundly inflamed, furrowed with deep fissures, particularly when the parts around articulations are the seat of the disease, and affected on the surface with painful excoriations. The subcutaneous cellular membrane even participates in the swelling and irritation. No kind of dressing that can be applied now proves adequate to absorb the whole of the discharge; it penetrates every thing; and the dressings, getting glued to the abraded surfaces, must be forcibly torn off when they are renewed, so that the affected parts bleed, and are even further irritated by every attempt to protect them. The surfaces affected in this way have been very aptly compared to a blister in a state of active suppuration. They seem to be perforated with a multitude of pores, from which the discharge is poured out, they are at the same time the seat of a smarting or scalding pruritus of the most violent description, and the sufferings that patients undergo, who are affected with chronic eczema of the external organs of generation and verge of the anus, are frequently excessive.

When chronic eczema declines, the pruritus and smarting become less unbearable, the serous discharge diminishes, and at length ceases, incrustations of some consistency and dryness are then formed, and, being detached after a time, are succeeded by others still firmer, thinner, and more adherent, whilst the surfaces of the dermis, exposed, look gradually less and less inflamed. Long after all discharge has ceased, however, and no more laminated incrustations are produced, the parts that have been affected continue to present a preternaturally red and very tender appearance. The disease gets well from the circumference towards the centre of the parts affected, which shrink very much in extent as they approach recovery, and remain at length quite free from every thing like mark or scar.

Eczema may appear on every part of the surface of the body, but those parts which are most plentifully provided with follicles seem more particularly exposed to its attacks. It therefore more frequently occurs about the groins, scrotum, perinæum, axillæ, bends of the arms, and popliteal regions, and in infancy on the scalp, than elsewhere; and the disease assumes such peculiarities according to the district in which it is developed, as to make several of these local varieties deserving of particular notice.

Eczema of the organs of generation, verge of the anus, and tops of the thighs, is one of the most distressing and obstinate of these local forms of the disease. It usually begins in one only of the parts affected, as the scrotum in men, and the labia in women, and invades the others in succession. The evolution of the vesicles is accompanied by pruritus of the most intense and painful description, so that it is often difficult to find even a single one that has escaped the patient's nails, who generally applies them so relentlessly, that the whole of the diseased parts present a continuous excoriated and chapped bleeding surface, from which a sanguinolent ichor is constantly exuding. The act of emptying the bladder, and of going to stool, in these cases, is attended with great suffering; and as no dressing long proves adequate to absorb the discharge, and motion of every kind adds immensely to the misery that is endured, patients are often reduced to despair. Eczemas of the axillæ, bends of the arms, groins, and popliteal regions, have many characters in common with the disease affecting the private parts. In the regions now indicated, however, the eruption is attended with much less suffering, although the excoriations and deep fissures that occur in consequence of the constant motion of the parts, never fail to prove sufficiently distressing.

Eczema is occasionally seen attacking the nipple, when the disease is apt to be mistaken for simple chapping of this part, from which it may nevertheless be readily distinguished.

Eczema of the hairy scalp is one of the local varieties most worthy of notice, as well from its frequency as from the cir-

cumstance of its having been long confounded under the name of *tinea* and *porrigo*, with other affections of the same part essentially different in their elementary forms and general nature. This variety of eczema often occurs among infants of five or six months old, but frequently also at a later period during the progress of teething. The discharge is very profuse, and when the scalp is thickly covered with hair, the head from this cause looks at all times as if it had just been dipped in some glutinous liquid. The secretion by and by dries into crusts which bind the hair into little separate tufts, and these getting gradually connected into larger and larger masses, the whole head is frequently seen covered with one unseemly moist mass of hair and scurf, in which pediculi swarm in myriads. When the hair is removed by a careful use of the flat scissors, the surface of the scalp appears swollen, preternaturally red, pierced every where with minute pores, and bedewed with a glutinous secretion. The parts affected are at the same time the seat of an excessive itchiness, so that infants and children labouring under the disease seem never to cease from rubbing their heads upon their pillows or shoulders, or from tearing themselves with their nails, if their hands be not secured. The disease may attack the whole or only a part of the hairy scalp ; when extensive, it seldom indeed remains confined to this part alone, but extends to the forehead, cheeks, nape of the neck, and ears. The inflammation is sometimes so violent that it extends to the subcutaneous cellular membrane in which small abscesses are then apt to be formed, and to the lymphatic glands of the neck, which become enlarged and painful, and occasionally even run into suppuration. It is seldom that the bulbs of the hair suffer, and notwithstanding the apparent severity of the disease, infants affected with it do not often show any symptoms of constitutional derangement.

Eczema of the face at an advanced stage, occurring in young children, has frequently been described under the title of *crusta lactea*. It very commonly coincides with a similar affection of the scalp. The vesicles that characterize it are

small and evolved in clusters. They burst or are torn within a few days, when their contents are shed upon the surface, where they concrete into crusts, which increasing gradually, by the drying of the secretion continually poured out below them, attain a considerable thickness at last. The surfaces affected, when freed from incrustations, present the general appearances that have already been described under the heads of eczema *rubrum* and eczema *impetiginodes*. When the parts about the corners of the mouth are affected, they generally present deep and painful fissures in addition to the excoriations which are a uniform feature of the disease. Eczema of the eyelids is apt to extend to the conjunctivæ, when we have all the symptoms of acute ophthalmia.

Eczema *of the external ear* is another of the most common and obstinate of the local varieties of the disease we are discussing, which may occur alone, though it is generally observed at the same time with one or both of the two last mentioned varieties. The disease is characterized as usual by the eruption of small vesicles upon an inflamed ground, which burst and pour out an abundance of a reddish and glutinous ichor, which concretes into laminated crusts. The ears are often swelled to twice their natural size, and the meatus auditorius is so much obstructed, that fears are often entertained of its complete closure, and measures even adopted to prevent so disastrous a conclusion; but these fears and these measures are alike vain; as the inflammation subsides, the concha resumes its proper size, and the meatus appears as patent as before. The small abscesses that so frequently form in the parietes of the meatus auditorius, are one of the most painful concomitants of this variety of eczema.

Among the aged, *the lower extremities* are a very common seat of eczematous eruptions, that are readily recognizable by their distinguishing characters, though frequently confounded with diseases having other elementary forms, and different tendencies. When the legs are affected, the eruption usually extends to the insteps and toes.

The backs of the hands, the fingers, and the intervals be-

tween them, are also the frequent seat of eczema, which, in the last situation, is not always easily distinguishable from scabies ; the means of arriving at right conclusions have been already mentioned. Eczema of the hand is a very troublesome and painful form of the disease. The parts being extremely movable, every joint is ere long surrounded by deep chaps, which penetrate to the quick, and bleed each time the fingers are used. The fissures, too, secrete a reddish coloured glutinous serum continually, which, hardening along the edges of the gaps into brownish laminated incrustations, make these appear still deeper and more formidable than they are in reality. The disease, in these cases, frequently attacks the parts about the roots of the nails, and either causes these appendages to be produced with various characters of deformity, or to be lost entirely.

Eczema sometimes appears as a symptom of constitutional disturbance, induced by the specific action of certain medicines. The most remarkable variety of the disease arising under these circumstances, is the eczema *mercuriale*, or hydrargyria, as it has been denominated, this eruption having by some writers been separated from the group of eczemas, and described by itself. In the *mild* form of this affection, the vesicles are so minute that particular aids are required to prevent the inflamed ground upon which they are congregated from being regarded as a patch affected with simple imflammatory blush. The affection, however, is preceded by such sensations of heat and smarting, that particular attention is attracted to the spots thus affected, and then by throwing the light upon them properly, or by using a magnifying glass, they are discovered to be thickly beset with exceedingly small but transparent vesicles. In the severer forms of the disease, characterized as *febrile* and *malignant*, which seem generally to be induced by persistence in the use of mercury after the eruption has once made its appearance, the vesicles are larger, and evolved amid extreme constitutional disturbance, violent febrile symptoms, great heat of surface, and swelling of the parts upon which they are about to appear.

The eruption is of a dusky red or purple hue, and the vesicles, when they burst, whish they do before long, discharge abundantly. The cuticle, in bad cases, is even detached in large flaps, and extensive excoriated and bleeding surfaces are then exposed. These are covered by and by with laminated incrustations, and the disease is always followed by repeated exfoliations of the cuticle. The pain which accompanies its progress is excessive.

Eczema *a sulphure*. In the same way as we have an eczema from mercury, I have met with several individuals who, from some peculiarity of constitution, could not bear sulphur in any of its forms; and who, from being subjected to the action of this mineral, became affected with an acute vesicular eruption, possessing the general characters of eczema; the secretion of glutinous serum that followed the rupture of the vesicles being, in many cases, as profuse as it is in the eczema *rubrum*.

The causes of eczema are, in general, extremely obscure. We do, it is true, frequently see vesicular eruptions, with all the outward characters of eczema, evolved under the influence of appreciable causes, such as exposure to the sun's rays, the application of a blistering or stimulating plaster, the inunction of the sulphur and mercurial ointments, the contact of sugar, &c. &c.; but these differ from the proper or constitutional eczemas in their essentially transitory nature, and the readiness with which they either disappear of themselves or yield to remedial measures. The disease does not appear to be truly contagious in any of its forms, although the contact of the discharge has in a few instances been known to excite transient vesicular eruptions.

Eczema is a disease which appears under such variety of aspects, according to the situation it occupies, the subject it attacks, and the intensity of the inflammation, that the fact of its having been confounded with many other diseases of the skin, cannot be made matter of surprise. Of all the affections for which eczema *simplex* is apt to be mistaken, scabies is undoubtedly the one, the diagnosis of which offers

the greatest difficulties. In many cases, indeed, they are but collateral and adventitious circumstances, aided by time, that enable us to decide definitively between the two.

From herpes, another vesicular disease, eczema is distinguished by the minuteness of its vesicles, and the little inflammation that surrounds them, those of herpes being rounder, larger, collected into clusters or bands, and always set within an inflammatory areola of some breadth.

From the papular affections, particulary lichen *simplex*, the eczemata are to be distinguished by careful observation of the elementary forms of the several eruptions. In the more advanced stages of the severer species of lichen, when the papulæ have been crowded, and are now lacerated, and covered with incrustations, the diagnosis is frequently very difficult; close watching, however, enables us before long to discover whether they be papulæ or vesicles that are evolved in the vicinity of the principal clusters, or in some other situation, and these prove certain guides to right conclusions in regard to the nature of the eruption under review. Pruriginous (papular) affections of the genital organs, and chronic eczemas of the same parts, are distinguished from each other by the absence of discharge in the papular, and its profuseness in the vesicular, eruptions. A very moderate degree of care will prevent eczema in any of its forms from being confounded with impetigo. The elementary forms of the two diseases, in the first place, are different; the worst cases of eczema *impetiginodes* are still vesicular in their origin, or at most contain a little purulent matter, suspended in a large quantity of serum. The scabs and incrustations that follow these two diseases also present characteristic differences in their appearance; those of the eczema being broad, thin, laminated, and friable, when not moist; those of impetigo being thick, consistent, firm, of a yellow colour, and very rugged and uneven; around the margins of the eczema, too, vesicles of the variety entitled *rubrum*, are constantly to be discovered, which is not the case in impetigo.

Eczema of the scalp has several features in common with

pityriasis, a *scaly* affection of the same part; but the want of vesicles, of proper incrustations, and of serous discharge in the latter disease, distinguish it sufficiently from eczema. There seems little risk, with the most ordinary powers of discrimination, of confounding eczema with any of the varieties of psoriasis, another scaly affection, in which the squamæ are whiter, drier, and more friable than the incrustations of eczema; in which, besides, no vesicles are ever to be seen, and no serous exudation ever occurs.

Without being a dangerous disease, eczema often proves a very serious one, and one which resists every the best directed means of cure. In infants and the youthful the disease either ends of itself, or yields, after a time, on the conclusion of the process of teething, on the appearance of the menstrual flux, or to the remedial measures pursued for its relief. When the disease is hereditary, it is seldom more than temporarily benefited by medicinal means. When it affects the lower extremities in the aged, it frequently baffles every effort that is made for its relief, and continues to the end of life unmitigated or but little improved.

In a disease presenting such different degrees of severity, and affecting such a variety of parts, it may well be imagined that very various modes of treatment are required. In the milder forms, abstinence, rest, and the use of some mild diluent, frequently prove sufficient gradually to cure the disease. When the disease proves obstinate under these measures, the effects of the simple tepid bath, of the alkaline bath, made by adding five or six ounces of the subcarbonate of soda or potash of commerce, to an ordinary tepid bath, or the sulphureous water bath, made by substituting three or four ounces of sulphuret of potash for the alkali, conjoined with the use, from time to time, of some gentle aperient, may be tried, whilst the diluent is acidulated with lemon juice, or better still with a few drops of the nitric acid, and a wash of the liquor plumbi sub-acetatis properly diluted, is kept applied to the parts immediately affected.

In the eczema *rubrum* and *impetiginodes* the symptoms ge-

nerally run so high that, besides insisting on the observance of the most rigorous antiphlogistic regimen, we are justified, and indeed frequently required, to adopt more energetic measures; blood must be taken from the arm, and a number of leeches attached around the regions principally affected, when the disease is confined to particular districts. It may even be necessary to repeat the venesection; and if the patient be young and vigorous, and the operation the first time have been followed by an improvement in the symptoms, there will be the greater inducement to try its effects again. All topical applications must be of the most soothing kind, and sulphur and mercurial unguents of every description are to be absolutely interdicted.

When eczema can be traced to evident causes, as to the action of particular medicines upon the system, the contact of irritating pulverulent substances with the skin, &c. it may seem superfluous to say that these must immediately be discontinued, when their injurious effects will almost invariably and very speedily cease. Such a degree of excitement, however, is sometimes produced in this way, that measures of general depletion have to be enforced for its removal.

When eczema appears with decidedly chronic symptoms, the sulphuric or nitric acid in conjunction with general dietetic measures will be found a medicine of great value. Any of the neutral salts in gently purgative doses continued for some length of time, frequently prove of signal service in these cases. The alkalis as well as the acids also deserve a trial; the liquor potassæ in doses of ten drops in barley water, twice a day, and gradually increased, has sometimes the best effects in modifying eczemas of old standing. When the pruritus is very troublesome, an alkaline bath taken in the evening will often be found to allay this distressing symptom greatly, and procure the patient a good night. The sulphureous water bath has frequently the same effects, and seems farther, in many old cases, to modify the eruption favourably. When the disease is indolent, the more powerful stimulus of the vapour bath or douche may be tried, often with the hap-

piest effects ; but the action of this bath requires to be closely watched, as eczema will not bear to be tampered with in any of its forms, and the application of stimulating remedies of all kinds is apt to be followed by an aggravation in the symptoms of the disease. For this reason it is, that the hot air and sulphur fume bath are seldom applicable in cases of eczema. They can only by possibility do good when the disease is in an indolent state, and when the system has been prepared for their action by previous depletion and abstinence. Then, and especially among the aged, I have known them of service in this disease after all other means had been tried and proved unavailing.

During the course of the whole of the varieties of chronic as well as of acute, local as well as general, eczema, a wash of the liquor plumbi sub-acetatis and emulsion of bitter almonds, or of the diluted hydrocyanic acid, may be freely used with a view to allay pruritus.

Among the internal medicines that deserve a trial in obstinate cases of eczema, the decoction of dulcamara is one which ought never to be neglected. The tincture of cantharides has also been tried in these cases, in doses gradually increased to the extent of thirty drops daily, and with success. But arsenic, in one or other of its forms, is frequently the only medicine that seems to produce appreciable or permanently good effects on the inveterate forms of this most obstinate disease. The Fowler's solution may be begun in doses of five or six drops daily in some convenient vehicle, and being gradually increased, and its effects closely watched, persevered in until some evident effect is produced on the general constitution, or on the disease.

CASE OF CHRONIC ECZEMA.

A lady, aged about 40, of a sanguine bilious temperament, had for several years been afflicted with eczema on the hands. She had tried all the customary modes of cure again and again, and had been under the care of the most reputed medical practitioners in London and other places ; she was also

an annual visitant at Harrowgate, but had never obtained more than temporary and partial relief from any of the systems of treatment pursued.

When she first consulted me, I found both hands greatly inflamed, swollen, deeply fissured both on the backs and palms, and discharging abundantly a clear and watery secretion. The complaint, she told me, was then in a state of abatement, but was attended with severe itching, and often with so much irritation as to cause hysterical fits; at these periods of aggravation, she informed me, she was accustomed to have a pillow slung round her neck, on which she rested the hands, whilst various lotions, embrocations, &c. were applied to them. She had not only not been able to use her needle, nor assist in dressing herself, but had even been incapacitated from feeding herself, during a great part of the period she had suffered from this annoying complaint; her health generally was tolerably good.

At the time of her consulting me, February 16th, 1830, she was daily expecting the exacerbation of all the distressing symptoms of her malady, which at this season commonly took place, and was particularly desirous of at once trying the fumigations of sulphur, having essayed every other reputed means of relief, except these, without avail. I did not, however, dare to give this lady much encouragement from the sulphur bath, without resorting to certain preparatory measures; to which having assented, she was bled to the amount of ten ounces; twelve leeches were applied to each hand, and the common bread and water poultice was afterwards applied. She also took the following at bed time,—compound extract of colocynth ten grains, powdered scammony and Venice soap of each five grains, made into four pills, with syrup of buckthorn, and three spoonfuls of the following mixture, morning and evening,—infusion of cloves twelve ounces, tincture of hops one ounce, tartrate of potash one ounce, and tincture of senna half an ounce. On the 21st, this lady came prepared to take the bath; the bowels had been actively operated on by the medicine, the blood showed no signs of the buffy coat, but

was very tenacious, with little serum; the swelling and inflammation of the hands seemed little abated.

She commenced the fumigations, and was directed to continue the mixture. 25th, No amendment in the parts affected, but rather an increase of irritation, and the patient expressed disappointment—directed to discontinue the fumigations; again bled to sixteen ounces, and more leeches applied to the hands; another dose of the pills taken and the mixture continued; two warm water baths were also taken during the next four days. March 3rd, The irritation was less, and the bleeding and medicines had answered expectations. The patient now took a simple vapour bath every other day, and continued the mixture. 9th, The swelling and irritation of the hands were abated, and the fingers more pliant; the sulphur fumigations were resumed, first daily and then every other day, but still with aggravation of the symptoms, and increase of the general irritation; they were therefore discontinued. The pulse being full, the patient was again bled in the arm to sixteen ounces, took another dose of pills, and to the former mixture was added two drams of calcined magnesia and half an ounce of manna; lemonade as a diluent was also prescribed. 17th, Again commenced the fumigations, one every other day, the affected parts during the interval having become more quiescent, although but little better in appearance. 23rd, The patient was now decidedly better, and took the fumigations daily, till after the 26th, when they were again ordered every other day only, and some aggravation of the symptoms having been experienced, a fourth bleeding was practised to the extent of sixteen ounces. After each bleeding the patient was satisfied that she felt lighter, cooler, and even stronger, though at the commencement of the treatment she had had objections to the practice. From the 4th of April she was enabled to bear the fumigations daily; she had gone on improving regularly from the 26th of March. April 20th, Much better; hands nearly healed; can dress herself and thinks she shall get well. This lady continued to take the fumigations till the

end of May, gradually leaving them off. During this period she applied poultices to the hands whenever the irritation was great, and at other times simply a little Goulard ointment. She was restricted to simple diet, and abstained from wine and sweets.—I have had an opportunity of observing this case from the time of treatment until now. The patient remains well; at spring and autumn she generally has threatenings and some slight appearances of a recurrence of the complaint, but by attention to diet, the loss of a little blood, and the use of the sulphur fume bath, she has had no actual return of the malady to such an extent as to occasion her any inconvenience.

Case of Eczema following the free use of mercury. It had been judged advisable to give mercury largely to Col. ——, aged 60, of a phlegmatic, weak habit. The usual effects on the mouth were produced, and the salivation proved of obstinate and long continuance. As he got better of this affection, the general irritability of the system became extreme, and was accompanied with itching over the whole surface of the skin, so that in a few days there was scarcely any part which was not suffused with redness, and which did not gradually become covered with vesicles, from which issued an abundance of ichorous discharge, requiring the constant application of soft rag, and incessant changes of the patient's body and bed linen. A considerable degree of irritative fever continued, in despite of the best directed treatment resorted to. The ichorous discharge after the first fortnight abated in some situations, but continued to be poured out from others; wherever it abated the discharge became gummy, and ultimately formed yellowish crusts, which, in course of time, became black. This gentleman had been suffering in this way for ten weeks, when he was referred to me, Sept. 26th, 1831. The whole surface of the body with the exception of the flexures of the joints was covered with these black crusts; from the bends of the joints there still continued to issue a thin ichor through cracks in the skin, which was here of a deep red colour, shining and excessively tender;

in other situations the great tenderness that existed in the earlier stages of the complaint had subsided; extreme irritability of temper however still continued. The eye lids were so incrusted that they were with difficulty opened, he had not once been able to shave, and his face was covered with a complete mask of incrustation. The ears were also much affected, but the complaint had not extended beyond the margin of the hairy scalp. He wore a veil; for the parts to which the air gained free access were afterwards affected with severe smarting or itching.

Notwithstanding the active treatment this gentleman had undergone, and the little rest he had enjoyed night or day for ten weeks, his general health was not much impaired; his pulse was little more than seventy, full, and even hard, to the touch, his appetite was good, and his other functions were little disordered. I therefore urged his being bled to fourteen ounces, directed an active purge, and the next day a warm water bath with a large basonfull of thick gruel put into it, with a view of softening the hardened crusts and sheathing the other parts that were tender; the bath I ordered to be repeated twice, with intervals of a day between each, for I felt satisfied the disease was not in a sufficiently chronic state to receive benefit from the sulphur fumigations, for the use of which he had been induced to consult me.

Oct. 2nd, Commenced the sulphur fumigations, which occasioned smarting, but this sensation he preferred to the more usual itching and irritation which were almost incessant. He merely took some aperient medicine. 6th, No very manifest improvement in the appearance of the complaint; on the contrary, the hands, feet, and legs were more swollen, and the cracked parts of the skin more painful than common. I recommended the patient again to lose blood, but this he declined to do, and was therefore put on low diet, purged, and directed to repeat his emollient water baths on those days on which he did not take the fumigations, now only administered every other day. A little simple cerate was applied to the cracked and abraded parts. 12th,

The swelling, inflammation, and itching had much subsided, and in many parts large crusts had fallen off, leaving the surface underneath red, shining, and tender; these, in the course of twenty-four hours, would again become covered with yellowish crusts, but they were thin in substance. Treatment continued without alteration. 20th, Considerably better, irritability lessened. 22nd, Still improving rapidly, and the crusts when now detached were no longer renewed, although the surface they had covered long continued red, shining, and tender in appearance. After this the patient got rapidly well, the extreme excitability both of mind and body left him, and after retiring to the country for a few months he returned to London, where he has been long engaged in the discharge of multifarious and active duties, having suffered no relapse of his disease.

HERPES.

Herpes as a genus is characterized by the eruption of well defined clusters of vesicles, generally of a circular form, seated upon an inflamed ground, separated from each other by intervals of various extent, in which the integuments appear perfectly healthy, and terminating at the end of from six or eight days to a fortnight in the formation of laminated incrustations.

Several species or varieties of this disease are now generally admitted by pathologists; the individual and distinguishing features being derived in one case from the seat of the eruption, in another from the form it usually assumes, and in a third from the colour of the inflamed areola that surrounds its clusters.

The variety of herpes entitled *phlyctenodes* may be taken as a type of the whole group. After sensations of smarting and of burning heat have existed for an hour or two in the place where the eruption is about to appear, the surface is found hot, and beset with an infinity of very minute red points.

These on the morrow are found to have given place to an uniformly inflamed patch, thickly covered with prominent vesicles, firm to the touch, and varying in size from that of a millet seed to that of a small pea. A very distinct inflammatory areola surrounds the cluster thus produced. The vesicles are globular in their shape, and transparent at first, but they soon become milky; and beginning to shrivel from the third or fourth day, they all run their course within seven or eight, when they give place to thin, brownish coloured incrustations, which, being thrown off a few days afterwards, leave red marks behind them, that disappear slowly. A few of the vesicles occasionally become purulent, and the skin under these ulcerating superficially, the scabs that are formed are longer of being detached.

This disease is not generally preceded or accompanied by general symptoms of any importance; some degree of fever and an unusual irritability of temper, however, may frequently be remarked previously to an attack in those who are habitually subject to the eruption. The local symptoms that accompany the evolution of each group, are painful sensations of smarting and of burning heat. These subside when the vesicles are fully formed, so that neither local nor general symptoms, when they do occur, are ever observed to last longer than two or three days. The extent of the disease does not commonly exceed one or two clusters, which vary respectively in size from that of a shilling or a half-crown piece, to that of the palm of the hand. The eruption appears, perhaps, more frequently on the cheeks, ears, and nose, than elsewhere. The youthful are the individuals usually attacked.

The elementary form of this disease——a cluster of vesicles of different sizes, crowded together upon an inflamed ground of the extent indicated, will always, with due attention, prevent its being mistaken for any other affection of a different nature. It is to be distinguished from the other varieties of herpes by the peculiar forms affected by these, or the special seats they occupy; these considerations indeed supply the sole assignable reasons for their being described as other

than mere varieties of herpes *phlyctenodes*, for the mode in which their clusters are evolved, the appearance of their vesicles, the course they run, and their sequelæ are all very similar.

Herpes *phlyctenodes* may be treated on general principles. Rest for a few days, abstinence, and the use of some gentle aperient, being all that are required to bring it to a speedy and favourable termination.

One of the most common and familiarly known of the local species of this affection, is the herpes *labialis*. After exposure to a cold wind, and frequently as one of the sequelæ of a catarrhal affection, and still more frequently of an attack of intermittent fever, a peculiar sharp and burning sensation is experienced in some part of the lip, very often in the line of demarcation between the coloured portion and the common integument. This part feels hot, is tense and shining, and evidently swelled, and, if carefully examined after an hour or two, (and sometimes after a much shorter interval,) will be found occupied by a small cluster of transparent vesicles, several of which commonly run into each other, and frequently form globules little short of the size of a pea. The fluid does not long continue transparent, but soon becomes milky, and then yellowish, when it begins to dry up, so that by the fourth or fifth day a brownish incrustation is formed, which is usually loosened and removed about the eighth or ninth, leaving a smooth, red, and shining spot which is not of long duration.

This is usually so trifling a disease, that no measures are taken or required for its alleviation. When the sensations that accompany the evolution of the vesicles are very troublesome, they may be relieved by bathing the parts repeatedly with cold water.

Clusters of vesicles are occasionally developed on the prepuce, having all the characters of those that have just been described as evolved upon the lips ; the disease is then entitled herpes *preputialis*. It is altogether a trifling affection, and soon runs its course, without requiring the interference of art. It is only important from being now and then mistaken for a

syphilitic affection, by those who cannot see any form of excoriation about the parts of generation without immediately setting it down to a venereal cause.

The most interesting of the varieties of herpes which are denominated from the form assumed by the clusters of eruption, is shingles, the herpes *zoster*, or *zona*, of pathological writers.

Herpes *zoster* occurs most commonly on the parietes of the abdomen, in the form of a half girdle, composed of a succession of vesicular clusters, usually in contact, or nearly so, by their sides, but sometimes separated by spaces, more or less considerable, of healthy skin. The disease commences by one or more irregular patches of a bright red colour, which are successively followed by others of a similar description on either side of those first evolved, unless the disease have begun at the middle line of the body, when they occur on one side only. These erythematous patches, when closely examined soon after their appearance, are found thickly beset with numerous small, shining, and silvery-looking points, which increase rapidly in size, and soon acquire the form and aspect of distinct transparent vesicles. These attain their maximum development within three or four days after their appearance. They seldom exceed a large pea in size; although it does occasionally happen that, by coalescing, larger bleb-like collections of fluid are formed. In this case the included serum is generally of a dark colour. The ground upon which the vesicles are formed is now of a very vivid red, and the several clusters are surrounded by an inflamed areola of some breadth. This state continues till the fourth or fifth day from the formation of each particular group, when the redness begins to fade, and the vesicles to look turbid, dark-coloured, or purulent, and shrunk on their surfaces. Most of them dry up and are succeeded by small, thin, lamellar incrustations of a dark brown colour, which are detached about the tenth or twelfth day of the disease, leaving deep red stains behind them, which only disappear very gradually. Several of the

vesicles usually burst of themselves, and shedding their contents on the surface, are followed by superficial and very temporary excoriations. When the vesicles have been extremely confluent, and the accompanying inflammation has been violent, thicker and more adhering crusts are produced, under which a process of ulceration of an indolent character is very apt to take place; and in the very worst cases of *zona*, portions of the affected integument are even observed to become gangrenous; in either case indelible cicatrices follow upon the parts affected.

As the clusters of *zona* are evolved successively, so do the changes that have been described take place in the different groups one after another. The eruption is consequently seen in a nascent state in one part of the band, whilst the dried incrustations are in the course of being detached from another. The whole duration of the disease does not usually exceed three weeks. When it has been very violent, however, and excoriation and ulceration to some extent have taken place, it may last much longer.

Herpes *zoster* occurs as frequently, or perhaps much more frequently, unpreceded and unaccompanied by the general or constitutional symptoms, such as feverishness, thirst, depression, &c. which have been very currently believed to usher in the attack, and to attend the disease in its progress. In more than five hundred cases of the disease which M. Biett had seen at the Hôpital St. Louis, merely local symptoms, generally of little severity, were observed.

The local symptoms of herpes *zoster* consist of a feeling of heat, tension, and pain, sometimes of great severity, in the parts about to be affected, and of a deep-seated, dull, and very distressing neuralgic pain, which frequently continues in the situation of the eruption long after all traces of its existence have disappeared.

It is very remarkable that herpes *zoster* should never form more than a half girdle around the body. Commencing by the side of the anterior or posterior median lines, and frequently by both at the same time, it gradually extends back-

wards or forwards over the ribs or flanks, but never trenches on the parts beyond those that fall fairly within that half of the body on which it is evolved. The course of the girdle, however, is frequently very irregular, being crooked or tortuous in one case, in another extending to the top of the thigh, and in another across the shoulder like a T. The disease is by no means confined to the trunk. It is now and then seen on the face and hairy scalp, and occasionally on one or other of the lower extremities, down which the band usually stretches from the hip.

The relative degree of frequency with which herpes *zoster* occurs on the right or on the left side of the body has been particularly studied by pathologists; but the results that have been come to by different inquirers by no means tally with one another. Messrs. Cazenave and Schedel say, that nineteen times in twenty the disease will be found on the right side, and Rayer gives the proportion of eight to ten. But I have no hesitation in saying that these writers have been alike precipitate in their conclusions. I have myself seen herpes *zoster* at least as frequently on the left side as on the right, and I make no doubt but that, as facts are accumulated, the disease will be discovered to attack both sides of the body with similar frequency.

The causes of herpes *zoster*, like those of so many other diseases of the skin, are buried in obscurity. Individuals of delicate complexion and fine skin seem most exposed to suffer from its attacks. The disease has been known to prevail epidemically.

Herpes *zoster* at its height is not liable to be mistaken for any other disease. In its earliest stages it might very possibly be confounded with another form of the same eruption, namely, herpes *phlyctenodes;* this error would only be temporary, and would prove of no consequence were it even otherwise. Herpes *zoster* is by no means the formidable disease which it is esteemed by the vulgar; who have a notion that there is great risk of the belt extending entirely round the body, in which case it would certainly prove mortal. It is

only when the eruption is followed by ulceration or sphacelus of a portion of the skin, that the affection proves at all serious.

With this view of the disease it may be conceived that little treatment is required in the vast majority of cases of herpes *zoster*. Rest in bed and the use of a mild diluent, with some little attention to the non-naturals, as they were strangely termed by the old writers, namely, eating, drinking, and the excretions, are all that are necessary to secure a regular and uninterrupted course to the disease, which ends naturally within a fortnight or three weeks. When feeble subjects and the aged labour under the disease, it is advisable to keep them as much as possible from lying long upon the side or parts affected with eruption, as the pressure seems frequently to induce excoriation and even the death of the skin. When either of these untoward events has happened, the parts must be gently washed with tepid fomentations, and after the eschars are detached, a compress spread with simple cerate, or the unguent. oxid. zinci, applied to the sores. Generous diet, and an allowance of good malt liquor or of wine, should be at the same time prescribed.

When the vesicles of herpes, instead of appearing clustered into simple groups, or strung together into bands, assume an annular form, the disease is described as herpes *circinnatus*. The eruption is announced as usual by an inflamed ring or patch, but slightly if at all affected in the centre, commonly perfectly circular, but sometimes also oval in its shape, and usually from an inch to an inch and a half in diameter. The circumference of this ring or patch is before long covered with small globular vesicles very closely crowded together, and perfectly transparent at first. They however soon become turbid; the cuticle which covers them then gives way, and a little fluid is shed upon the surface, which hardens into a thin squamous incrustation that remains adherent till the eighth, tenth, or fifteenth day, when it is detached and a bright red mark is left, the disease having run its course

within this period of time. Some of the smaller rings do not even pass through the whole of these phases, but the fluid their vesicles contain being absorbed, a slight epidermic exfoliation alone takes place from their areas, as the conclusion of the disease.

This disease occurring in annular patches has frequently been spoken of under the title of *ringworm*, and confounded with a pustular disease—*porrigo*, of a very different and much more intractable nature, which appears in patches of a similar shape. But the two diseases may always be distinguished by the difference of their elementary forms; by the products of their existence, which in the porrigo are thick scabs, in the herpes flimsy squamæ; by their effects, the loss of the hair invariably following the porrigo; by their duration, which in the porrigo is always protracted and uncertain; and by the contagious nature of the pustular disease.

Herpes *circinnatus* is developed most frequently on the neck, face, breast, shoulders, and arms, and occurs most frequently among children and females.

The itching and heat that accompany the evolution of the vesicles of herpes *circinnatus*, may be allayed by dabbing the rings with a rag dipped in cold water, or in water holding a little sub-carbonate of potash or sulphate of zinc in solution. Should the eruption be very copious, and appear in successive crops, a cooling regimen should be prescribed, and a few doses of aperient medicine exhibited at intervals, until the disease is no longer produced.

The title of herpes *iris* has been given to a very rare species of the disease, in which each cluster of vesicles is surrounded by a number of erythematous rings, presenting different shades of colour. An inflamed patch as usual announces the appearance of this species of herpes, but it is speedily broken into the peculiar rings that characterize the disease. On the second day its centre is seen to be occupied by a distinct vesicle of considerable size, round which a number of other vesicles, much more minute, are congregated. After the lapse

of two or three days the central vesicle shrinks, but the erythematous rings that surround the cluster deepen in their colour, so that they have been frequently compared to particoloured cockades. They form in fact four distinct concentric circles the size of a shilling, the innermost of which is of a reddish brown, the next of a yellowish or dirty white, the third of a deep or dusky red, and the fourth of a paler red or rosy hue which fades imperceptibly into the colour of the surrounding skin. The whole of these rings are occasionally observed to become covered with vesicles. The disease terminates by the reabsorption of the fluid, and a slight subsequent epidermic exfoliation, or by the bursting of the cuticle and the shedding of the serum upon the surface, when it dries into a flimsy scale of incrustation, that is detached before long. Herpes *iris* is most commonly met with on the face and neck, hands, fingers, ankles, and insteps. It is a trifling disease, and does not require special treatment of any kind. It is only met with very rarely in practice; so that among the host of patients labouring under cutaneous diseases who seek the Hôpital St. Louis for advice, no more than three or four cases of it had been encountered in the course of many years.

MILIARIA.

The eruption of vesicles of the size of millet seeds, that used so frequently, in former times, and that does still occasionally occur in the course of various acute diseases, has been held worthy, by several nosological writers, of a place in their systems, in which it is found variously denominated febris miliaris, sudamina, miliaria, and suette miliaire. It might, however, be made a question for consideration whether, under any circumstances, an eruption of this kind has any title to be elevated to the rank, or viewed in the light, of an idiopathic disease. I am myself inclined to believe that miliaria ought never to be regarded otherwise than as a symptom of some more serious and generally constitutional affection.

Accidental eruptions of miliary vesicles are very frequently observed in the course especially of gastric and intestinal, and of puerperal, affections. They also occur along with any disease in which profuse perspiration forms one of the principal features; thus they are very common in the last stages of phthisis, when the body is nightly drenched in perspiration, and in the suette, or sweating disease of Picardy. A heating plan of treatment, too, will almost certainly induce an eruption of the same description, in the course of most of the common febrile and inflammatory diseases, such as scarlatina, rheumatism, &c. Sudamina even occur under less complicated circumstances, as when the body has been excessively heated in consequence of taking violent exercise.

This affection, therefore, does not seem to require more particular notice. Its diagnosis is never attended with any difficulty, and its treatment is subordinate to that adapted to the principal disease along with which it occurs.

BULLÆ.

The blister, or serous elevation of the cuticle that follows a scald or the application of a plaster of Spanish flies, may be taken as a general type of the diseases included under the head of bullæ or blebs. These are two in number, Pemphigus and Rupia. The blebs characteristic of these affections vary in size from that of a pea or small hazel-nut, to that of a hen's and even of a turkey's egg. The size of these blebs in bullous affections is by no means the only feature that distinguishes them from the vesicles, in vesicular eruptions, which are also, as we have seen, serous elevations of the cuticle. The whole train of symptoms accompanying the evolution, course, and termination of the different species included in each of these two genera of diseases, is as different as possible; a circumstance, nevertheless, which has not prevented even distinguished writers, Dr. Rayer among the number, from referring truly vesicular diseases, in which several of the vesicles sometimes show a tendency to coalesce, as they do in herpes *zoster*, to an erroneous position among the bullæ.

Bullæ are frequently evolved without any evident antecedent redness of the parts upon which they appear, although the contrary of this is the more common case. They are usually small when first discovered, and increase rapidly to the size they ultimately attain. They are tense and round in their earlier stages, but soon become flaccid, and, to appearance, half filled with fluid. This fluid is commonly limpid and transparent, or slightly tinged with blood, when first poured out; it becomes turbid, and often purulent, and more consistent at a later period. As may be imagined, except in those situations in which the cuticle is thick and strong, blebs are not of long duration; they speedily break, and their con-

tents escape. They are subsequently covered with incrustations, which in one disease are of extreme tenuity, in another of as remarkable thickness and density. Under these incrustations ulceration, which continues superficial, or extends deeply, according to the species of disease, is very apt to occur.

Bullæ appear on every part of the body, but more frequently on the extremities, especially the lower extremities, than in any other situation. Unless when they occur in the aged, among individuals of broken down constitution, or along with an affection of some internal organ, bullous diseases are not to be regarded as at all formidable in their nature or tendencies.

PEMPHIGUS.

Pemphigus, or pompholix, assuming the disease described by different authors under these two names to be the same, is characterized by the formation, on various districts of the body, of one or of several generally isolated bullæ of varying magnitude, but commonly of large size, being sometimes as much as two inches and more in diameter, containing a fluid which is transparent and colourless at first, but which soon grows reddish and somewhat turbid, and terminating in the discharge of the fluid, and the formation of flimsy and superficial incrustations.

The whole of the varieties of pemphigus which have been described, may be referred to two principal species, according as they are *acute* or *chronic* in their type.

Acute pemphigus appears to be so rare a disease, that its very existence has been called in question. But the most weighty authorities of the present day on the subject of cutaneous diseases, the Drs. Rayer and Biett, are of one mind on this point, and admit that the disease is occasionally, though rarely, met with acute in its type.

The disease may be confined to a particular region, or invade the whole surface of the body at once. The initiatory symptoms of the eruption are in one case very slight, consisting of mere indefinite feelings of general uneasiness, some degree of pruritus of the skin, and a greater quickness and sharpness in the pulse than are natural. In another they run much higher: irregular shivering fits, a dry and parched state of the skin, thirst, &c. preceding the attack, by from twenty-four to forty-eight hours. The eruption then makes its appearance, consisting at first of a number of small circular patches, which spread rapidly, and are either almost immediately or by and by covered with a bleb, which may occupy the whole of the inflamed spot, or only a part of its surface; some of the spots indeed are never covered by blebs at all; the cuticle over these, however, is always very readily detached, the slightest pressure of the finger sufficing to remove it. Each of the blebs, now varying in size from that of a pea to that of a hazel-nut, is surrounded by an inflamed areola, which is very bright during the few first days; the skin in the intervals between them continuing perfectly free from disease. Several of the blebs frequently run together so as to form one, that may even exceed a goose's egg in its dimensions.

At their height these bullæ are distended with pale yellow serum; when they begin to shrivel the fluid grows turbid. The greater number burst, some in the course of the first twenty-four hours, though generally not till after the second, third, or even the fourth day; those that continue long form little flaccid bags half full of liquid. They are uniformly succeeded by very thin, brownish coloured incrustations. The disease lasts in all from one to two weeks, when there is no more than a single eruption of bullæ; but when successive crops of these appear, as frequently happens, it may be protracted for a month and more.

The general symptoms that accompany acute pemphigus in its progress, vary as much in the degree of intensity they present, as those that precede the eruption: in one case they

are so slight, that the patient is not even obliged to keep his bed, in another they seem even to put his life in jeopardy from their violence.

One very remarkable variety of acute pemphigus is characterized by the evolution of no more than a single bulla at a time, which is generally of large size,—pompholix *solitarius*, Willan. It is preceded by feelings of tingling and itching in the part about to be affected; an erythematous patch makes its appearance, and almost immediately afterwards the cuticle is raised by an effusion of serum, frequently amounting to several ounces, beneath it. The bleb attains its maximum development rapidly, for it bursts within eight and forty hours, and is succeeded by a slight excoriation. The disease, however, does not usually terminate with the formation of one bleb. Within a day or two after the first has disappeared, a second is evolved in some spot near it, and this is frequently followed by a third and a fourth, all of which pursue a similar course.

Chronic pemphigus (pompholix *diutinus*) is by no means so rare a disease as the acute affection just described. Like the acute disease, this one may appear confined to particular situations, or may attack the whole surface of the body simultaneously. It is not necessarily either preceded or accompanied by general febrile symptoms, like the acute affection; these, indeed, are scarcely observed in this, except when the eruption is very extensive.

The bullæ in chronic pemphigus are evolved very nearly in the same manner as in the acute form of the disease. They attain a large size with equal rapidity, have the same general appearance, being filled with pale yellow serum, and end in the same way, bursting, and giving rise to superficial excoriations, or becoming opaque, they shrivel and dry up into flimsy, brownish, epidermic looking scabs, which cover red and tender surfaces, around which the cuticle looks wrinkled and thicker than natural.

Before the first crop of bullæ has run its course, however, a second and a third have made their appearance, which hav-

ing to pass through the same phases, may be studied in every stage of their growth and decline in the immediate vicinity of each other. These secondary bullæ are by no means regularly announced by erythematous spots, similar to those that so constantly precede the first. Some of them appear surrounded by areolæ, others not.

When the bullæ of chronic pemphigus run together by their bases, they are apt to become purulent, in which case they dry off into harder and yellower, but still thin, incrustations, the spaces between these being covered with squamæ that overlap each other slightly. This variety of the disease is, perhaps, more frequently seen on the face than elsewhere, but it also makes its appearance on several other parts of the body, especially on the fore-arms and legs, on which bullæ sometimes continue to be evolved in successive crops for years, causing painful excoriations, and reducing patients to extremity by the incessant irritation they keep up. The disease in this way may be protracted indefinitely, lasting from a period of a few weeks to one of several months, and even of many years.

Chronic pemphigus is frequently complicated with different internal maladies, especially with inflammatory affections of the stomach and bowels. The disease, indeed, in bad cases may very commonly be observed attacking the mucous membrane of the mouth and fauces, on which distinct bullæ are frequently to be perceived, and there can be little doubt but that the pemphigoid inflammation, under these circumstances, often extends throughout the entire length of the intestinal canal; for though, from the absence of a proper cuticle or epithelium in the stomach and intestines, no bullæ can be produced, still we have redness in patches, with softening of texture, ulceration of the mucous membrane, and every other appearance which would lead to the belief that the alterations observed were due to a disease of the same nature as that which affects the skin. It is frequently one of the symptoms, and never a favourable one, of a general break up of the constitution.

The disease is also occasionally seen conjoined with various other external or cutaneous affections, especially with herpetic eruptions and prurigo; its complication with the last has even been described as a particular species of the disease, under the title of pemphigus *pruriginosus*, the most remarkable and distinguishing symptom being the intense pruritus with which the eruption is accompanied. The aged are the most common subjects of the disease, although no age, not even infancy, gives immunity from its attacks.

Pemphigus is a disease which, with proper attention, is so little liable to be confounded with any other cutaneous affection, that I hold it unnecessary to enter into any lengthened discussion of the diagnosis. The size and generally isolated appearance of its bullæ, unsurrounded, for the most part, by any inflamed areola, and their termination in flimsy, lamellar incrustations, are characters enough to distinguish it from rupia, which is always followed by ulceration, and scabs of great thickness; from ecthyma, in which the eruption consists of confluent *pustules;* from herpes, in which the vesicles are minute and evolved in clusters in the midst of an inflamed patch; and from the phlyctenæ, or watery blisters that occasionally appear in the midst of surfaces affected with active erysipelas. The marks which the bullæ of pemphigus leave behind them, have even something peculiar, which, to the practised eye, proclaim the nature of the disease which has produced them. They are of a dusky red, isolated, irregular in shape, of very different sizes, and affected from time to time with a slight cuticular exfoliation.

Pemphigus in itself is not a serious disease. In the acute form it runs its course naturally within a few weeks. The chronic disease is alarming in proportion as it is complicated with important affections of internal organs, or accompanies a weakly and cachectic state of the general constitution.

With regard to treatment: the symptoms in acute pemphigus do not often require very active measures for their relief; rest, abstinence, and diluents commonly prove sufficient

aids to guide the disease to a fortunate issue. When a considerable degree of febrile excitement ushers in the eruption, it might be proper to bleed.

The antiphlogistic is still the plan of treatment proper to be followed in cases of chronic pemphigus. In the aged, we must be on our guard not to push this system too far; but a regulated diet, the use of some acidulated drink, and the tepid, and occasionally the warm alkaline bath should always be tried at first. Pain and sleeplessness may be relieved by opium in one or other of its forms; the bowels being protected from the constipation that follows the use of this medicine, by means of the mildest laxatives and glysters of warm water. Concomitant diseases must at the same time be sedulously watched, and treated according to the usual methods, without regard to the cutaneous affection. When the soothing plan of treatment fails to do much good, an opposite or tonic system is frequently attended with the best effects. Patients should then be allowed light nutritious animal food, in such quantities as the stomach will readily digest, and as the system will bear without excitement; a little old and generous wine, or some sound malt liquor, may be cautiously tried in addition, and patients should be removed into the pure air of the country. That the use of medicine of every kind may not be given up entirely, one or other of the chalybeate preparations, and the decoction of bark with sulphuric acid, or the sulphate of quinia in regulated doses, may frequently be prescribed with excellent effect. This plan of treatment is not adapted to the aged only with worn out constitutions; many youthful subjects of cachectic and dibilitated habits also derive the greatest benefit from it.

RUPIA.

Rupia is characterized by flattish and isolated bullæ of various sizes, containing a fluid essentially serous, but frequently mixed with purulent matter, and often with blood,

which are followed by thick dark coloured scabs, whose bases cover ulcers of variable depths.

The disease in its simple form,—rupia *simplex*, makes its appearance by the development, without evident previous inflammation, of one or two blebs the size of a shilling, and very similar at first to those of pemphigus, being plump and filled with transparent serum. The included fluid, however, soon grows turbid, evidently from an admixture with it of a quantity of pus and blood; the bleb becomes flaccid and its contents increase in consistency, and ultimately harden into a deep brown coloured scab, rough and wrinkled on the surface, thickest and most prominent in the middle, and adherent by its edge to the surrounding cuticle. The part of the skin covered by this incrustation is superficially ulcerated; but on its detachment, which happens naturally within a very few days, the sore usually heals rapidly, though it does sometimes remain open for some time, being alternately free from and covered with a scab. When the sore is at length completely cicatrized, a deep red mark continues for a long time to indicate the situation it occupied.

The disease in this form is commonly evolved upon the legs, and occasionally on the loins and thighs. It is very rarely seen in any other situation.

The variety of the disease entitled rupia *prominens*, is distinguished by the greater size of the bullæ, which are slowly evolved upon circumscribed inflamed bases, and contain, not a limpid and serous, but a thick and sanguinolent fluid, which being secreted for some time both under and around the portion first poured out, and which soon concretes, gives rise to rough dark coloured scabs, that continue for a time to increase both in breadth and thickness. The bleb and scab of rupia *prominens* are always surrounded by a broad inflammatory areola, from which the cuticle is raised by successive effusions of purulent and bloody serum; it is, in fact, by the desiccation of this fluid that the original extent of the scab is increased; the areola apparently extending, and the cuticle becoming detached anew, in consequence of the irritation caused by the

encroachment of the ring of incrustation last produced. This process sometimes goes on for a week, and then the scab has acquired the size and very much of the shape and general appearance to the hollow shell of an oyster. When the scab increases in thickness, much more than in breadth, it bears a very great resemblance to the shell of the limpet, with which it has been compared by all modern writers on cutaneous diseases. These scabs often continue to adhere for a long time, and it is only with great difficulty that they can be got rid of by artificial means. The parts which they cover are always ulcerated in a greater or less degree. In some cases the diseased surfaces are very apt to reproduce these scabs; in others the sores, though deep and of a bad character, secreting nothing but a little glutinous pus, and continuing long to resist every means tried for their cure, show no disposition of the kind. When cicatrization is at length accomplished, livid or dark purple coloured marks remain that are very long of being effaced.

Rupia *prominens* is almost constantly seen confined to the lower extremities. It frequently happens that no more than a single bulla is formed. In no case are they very numerous, and in none are they ever observed to be confluent.

This variety of rupia, probably in an aggravated form, when it attacks infants of a bad habit of body, has been described as a particular species under the title of rupia *escharotica*. The disease begins in livid and slightly raised spots, upon which the cuticle is gradually raised by a serous effusion, into flattened bullæ of an irregular shape, surrounded by a livid areola. The fluid in these grows thick and black; it is usually soon discharged, the blebs bursting before it has time to concrete into scabs; each exposed surface then presents a painful excoriation, which degenerates into a foul and ill-conditioned ulcer secreting an unhealthy and fetid ichor. Several successive bullæ are evolved in the same way one after another, and are attended with the same results. The disease is evidently accompanied with very severe suffering during its whole progress. It even frequently proves fatal to the ca-

chectic and miserable infants, which are its usual subjects. The sores at best are very long of healing.

Rupia is to be distinguished from pemphigus, by the different colour of the fluids contained in their bullæ, as well as by the products and by the consequences of the disease. But rupia is more apt to be confounded with some forms of ecthyma, than with any of the varieties of pemphigus. The two diseases have in fact many features in common; yet due attention to the differences of elementary form, and of the scabs that cover the two eruptions at length, as well as of the sores that succeed them severally, will generally prevent any mistake from being committed.

Rupia is not generally a dangerous disease. The sores that succeed the *escharotic* species, indeed, are intractable enough; but they generally yield to attention and appropriate treatment. If the cachectic state of system, along with which rupia always appears in infancy, be happily got over, the bullous affection is sure to do well.

The treatment of rupia may be inferred from the description that has been given of the disease, and a consideration of the circumstances under which it occurs. The general means must be directed with a view to give strength and tone to the system at large. Light and nutritious diet, with a due admixture of animal food, and a residence in a pure and bracing country air, with warm clothing, are the only means we know of calculated to accomplish this great end.

As a local measure, it is of the first importance to free the surface from scabs. Before this can be done, the part affected has frequently to be fomented repeatedly, and kept long covered with a soft poultice. When the irritation consequent on this procedure has subsided, the sores, being essentially indolent or atonic in their character, require stimulating. They may be touched with a solution of the nitrate of silver in water, or with this caustic in substance with great advantage. Or if a less degree of excitement be held adequate to make them take on a healing disposition, they may be washed twice a day with a mixture of red wine and water, and their

surface covered lightly over with finely powdered cream of tartar. The nitrate of silver, however, can be so nicely regulated in its action, that it may generally be made to supersede all other stimulating and escharotic applications. The sores should be lightly dressed with any mild cerate spread on soft lint. Rest, the horizontal posture, and the gentle pressure of a roller, when the lower extremities are the seat of this affection, as they are generally, all conduce essentially to the success of the treatment. The vapour bath, sulphur fume bath, or artificial sulphurous water bath, made by adding three or four ounces of the sulphuret of potash to a common tepid bath, will be found excellent general stimulants, and restorative to the cachectic and debilitated subjects, who are the usual sufferers from rupia.

PUSTULÆ.

The pustular diseases compose a very important division among the inflammatory affections of the skin. They are distinguished by the development of small collections of purulent matter, generally entitled pimples or pustules, within one of the elementary tissues of the skin, or simply between the surface of the cutis vera and cuticle.

The diseases now generally regarded as pustular in their elementary forms are Variola, including various modifications, (the Varicellæ,) Vaccinia, Ecthyma, Impetigo, Acne, Sycosis or Mentagra, and Porrigo, or Tinea. This list differs considerably from the one that will be found in the works of Willan and of Bateman. These for example include scabies, and exclude the varicellæ, vaccinia, and acne. But scabies we have already seen to be a vesicular disease, and we shall by and by find that the vesicular is one only of the varieties of form in which varicella, itself a modification of variola, occurs; that vaccinia, whilst it is intimately connected with the variolæ, wants the essential character of a vesicular disease; and that the tubercles which present themselves in acne, and which have induced authors generally to arrange the affection among the tubercula, are consequences of the disease, and by no means antecedents of its existence; and farther, that these accidental indurations show nothing of the tendencies of the acknowledged tubercula, which is to destructive ulceration.

The majority of the pustular diseases are chronic in their nature; but two of them, variola and vaccinia, possess the opposite character in a very marked degree. They are in general unaccompanied by constitutional symptoms of the least severity; one of them, however, variola, proves among the most formidable of the diseases to which man is subject,

from the intensity of the general febrile disturbance with which it is preceded as well as accompanied. With the exception of small pox, consequently, the pustular diseases, though they may make life a burthen, seldom prove fatal of themselves.

The pustules which give the whole class its peculiar and distinguishing character, present varieties in their general appearance, which, although they be of no great moment practically, still deserve to be noted; those pustules which crown broad inflamed bases, and they are such as are encountered in the acute pustular diseases, are entitled *phlyzacia;* those, on the other hand, which appear with little or no surrounding redness, are denominated *psydracia.* Pustules of the latter description are usually smaller than those of the former. Pustules are farther subdivided into *favi* and *achores;* by *favi* being understood the minute pustules which appear set as it were within the substance of the true skin, which contain a fluid that concretes almost as soon as it is secreted into a pale yellow scab, cup shaped on the surface, often of great hardness, and that increases in thickness and size, frequently for a considerable length of time. By *achores,* again, are meant those larger, more confluent, and irregularly shaped, superficial pustules resting upon inflamed bases, the matter contained in which raises the cuticle, and being subsequently shed upon the surface, forms broad, laminated, and generally friable incrustations of a brown or yellow colour.

Pustules terminate, though rarely, in the reabsorption of their fluid contents; in the formation of crusts or scabs of various and characteristic appearances, under which ulceration to a great or less extent is apt to happen, when cicatrices transient or indelible in their nature succeed; and in the production of indurations, often designated by the objectionable name of tubercles.

Several of the pustular diseases are eminently contagious, and only occur under the influence of a peculiar specific cause,—variola and its modifications, and vaccinia, which last

indeed can only be excited in the human subject by the inoculation of its proper virus. Other pustular diseases are readily transmitted by contagion, but seem also capable of arising of themselves under certain circumstances, without the agency of infection,—*porrigo*. The remaining diseases of this order appear under the influence of some internal or constitutional cause, the nature of which is wholly unknown to us.

Pustules are more analogous to vesicles in their general characters than to any of the other elementary forms of cutaneous disease. Several of the diseases decidedly pustular in their after-periods, are plainly vesicular at first, and several of the vesicular as certainly contain purulent matter mixed with their proper serum, in the latter stages of their existence. Nevertheless, there is not often any great practical difficulty in distinguishing a pustule from a vesicle. The pustule is filled with consistent yellow pus, almost from the moment it appears; the vesicle with a mere milky or slightly turbid fluid, the pus being an after-product of the continuing inflammation. The products of the two elementary forms of inflammation also differ materially from each other; the incrustations of vesicles being thin and flimsy, and pale in colour, those of pustules thicker, more solid, and generally darker in their tints.

Those pustular diseases that appear with the acute type are only successfully treated by general depletion, and attention to every particular in the antiphlogistic method; those that are essentially chronic in their nature, though often greatly benefited by measures of a similar kind, especially at first, and then during the periods of exacerbation which many of them present, are seldom or never subdued without the assistance of topical applications, and the internal use of medicines entitled alterative, many of which have a powerful influence in modifying the state of the skin in particular, as well as that of the constitution in general.

VARIOLA, SMALL POX.

Variola is an acute and contagious inflammatory affection, characterized, after three or four days of general febrile disturbance, by the appearance of a pointed, and at first vesicular eruption, which speedily becomes purulent, which attains its height about the eighth day, when the pustules are for the most part depressed in the centre, which continues in a state of suppuration for several days longer, and which finally dries off into hard, dark brown scabs, that are detached in due season, and generally leave indelible cicatrices behind them.

The eruption or affection of the skin goes for so little in the idea we form to ourselves of this formidable disease, that I shall be brief in my account of it, referring to any of the general treatises on pathology, particularly to the writings of Dr. John Thomson, and to the essays of Dr. Gregory in the London Medical Gazette, and Cyclopædia of Practical Medicine, for more ample information on the subject.

Small pox occurs with considerable variety in its symptoms, according as it is developed artificially or naturally, before or after vaccination, and as the pustules are confluent or distinct. The eruption in inoculated small pox differs in nothing from that which follows infection by the lungs; neither is the course of the disease altered, nor its period abridged, but the whole of the symptoms are rendered incomparably milder, and, from being a most dangerous disease, it becomes one in encountering which there is little risk incurred. When the disease is engendered in the natural way, again, after exposure to its contagion, the severity of the symptoms, and danger incurred, especially in the after-stages, are very different according as the eruption is distinct and scanty, or confluent and very copious. It is, therefore, of the highest consequence to the practitioner to be aware that he has it in his power to control, in a great measure, the extent and nature of the eruption: in a word, to render it distinct and sparing, by his treatment during the initiatory stages of the disease.

But by far the most important modification of any observed in the symptoms of small pox, is that induced by the influence of vaccination. Now that prejudice and party feeling begin to subside, it is seldom contended that vaccinia proves a complete and unfailing preservative against small pox, or that the disease, which exposure to the contagion of variola frequently engenders among those who have gone through that disease, is not small pox. Neither is it now often said that vaccination is useless, and that cow pox proves no protection whatever against small pox. Fully one half or more of all who have been vaccinated enjoy complete immunity from small pox during their lives; and those who, less fortunate, still remain accessible to the attacks of the disease, escape in the vast majority of instances, with a modified form of the affection, which very rarely brings life into jeopardy, which is attended with no great degree of suffering, and seldom leaves any lasting disfigurement behind it. And surely to have been the means of benefiting humanity to this amount is high renown, and cause enough why the name of Jenner should still and for ever be pronounced with unmixed admiration.

Let us first briefly enumerate the symptoms of the natural and unmodified small pox, the course of which has been divided into five periods—incubation, invasion, eruption, suppuration, and desiccation or scabbing.

The period of invasion extends from the instant of exposure to, and reception of, the contagion, to that at which morbid symptoms make their appearance. This interval extends to eight, ten, or twenty days.

The *invasion* of the disease is marked by feelings of general uneasiness, and of unusual lassitude and disinclination to exertion, transient shivering fits, acceleration of pulse, headach, pains in the back and limbs, distaste to food, thirst, sickness, and very generally vomiting, pain in the epigastrium, obstinate constipation, &c.; in a word, symptoms of general fever, often of great intensity, and accompanied with

delirium through the night, which continue, and even increase in severity, during several days, but usually begin to decline immediately on the appearance of the eruption.

The *eruption* commences most commonly on the third day after that of the invasion, and is completed within about four and twenty hours. The face is the part on which it is generally first observed, and here especially it is often preceded by an uniform erythematous blush, when it always proves confluent. It appears in the form of minute, red, papular spots, which, as the disease is subsequently to be distinct or confluent, are separate from each other, and capable of being counted, or crowded together, and blended by their bases. At the end of twenty-four hours, however, the eruption is still far from having attained its perfect and characteristic appearance. The papulæ have increased in size, become pointed, and apparently vesicular in many instances, although nothing flows from them if they be punctured; these spots extend, assume a flattened form, and on the third day many of them show a depression in the middle, which becomes more and more remarkable as the period of suppuration approaches, for no true pus is yet contained within them, their growth being mainly attributable to the secretion of a quantity of coagulable lymph, which by and by concretes into a circular disc of this substance, and is attached to the surface of the cutis vera. At this stage the pustules are whitish in colour, and surrounded by a distinct inflamed areola. When the eruption is confluent, the depressions in the centres of the individual pustules are wanting, and the whole surface appears overspread with a general exudation of coagulable lymph between the cuticle and true skin.

Suppuration usually sets in between the fourth and fifth day after the appearance of the eruption, being preceded by a general swelling of the integuments, and accompanied with a renewal of the fever, and, unless it has already occurred, an unusual secretion of saliva. The pustules now appear more turgid than ever, lose their umbilicated form, and become spherical, and from being white acquire a yellow colour. The

local inflammation and pain are now greater than ever, and it is at this period that unfavourable symptoms of the worst kind commonly make their appearance, and, indeed, that the disease proves fatal, when it is severe in its form or of a malignant character.

A pustule of small pox, opened at its period of maturity, contains a quantity of yellowish pus, and, at the bottom, a small whitish coloured umbilicated disc of coagulable lymph, presenting the most perfect resemblance to the appearance of the pustule previously to the commencement of suppuration.

The pustules in a state of suppuration do not long continue stationary; they either burst within a day or two, and give rise to thin superficial incrustations spread over the surface, or the several pustules harden, without breaking, into firm, dark brown scabs. In those situations where the eruption is confluent, the scabs continue soft and moist, and the part, the whole face for instance, is hidden under one uninterrupted sheet of incrustation.

During this, the period of *desiccation*, the swelling of the skin and subcutaneous cellular membrane subsides, but the surface continues very tender, and is often affected with a considerable degree of itchiness, which induces patients to scratch themselves when deep and painful excoriations result; the patient emits a peculiar faint and disagreeable smell, and his linen is soiled by the exudation of the pus from innumerable points of the body. The scabs and incrustations begin to be detached between the fifteenth and twentieth day from the invasion of the disease, and are followed by a furfuraceous desquamation of short continuance, over the deep red stains which they leave behind them. These stains vanish very gradually, giving place, in their turn, to cicatrices or pits, which are at first of a paler colour than the unaffected portions of integument around them, and usually continue for the remainder of life.

The various periods that have now been described are subject to some slight irregularities; and the whole of the processes commence and are concluded on the face sooner than

on any of the other parts of the body. The eruption, for instance, is drying off there whilst the pustules are still in full suppuration on the arms and legs.

The eruption in small pox is by no means confined to the skin; the whole of the mucous membranes which line the internal passages of the body frequently present pustules, or the rudiments of pustules, analogous in their character to those of the outer integument, but variously modified by the peculiarity of structure in the part upon which they are evolved: the conjunctivæ, the nasal fossæ, mouth, pharynx, and intestinal canal, and even the larynx and bronchial membrane, are almost constantly observed to be affected in this way, to a greater or less degree.

Distinct and confluent small pox do not differ essentially from each other, save in the generally greater severity of the accompanying febrile symptoms in the latter than in the former.

This disease, however, is greatly modified by being inoculated. When this is done, a slight degree of redness is discovered on the third day around the puncture by which the virus was inserted; a little hardness can also be detected in this point at the same period, and especially on the following day, by passing the finger over the surface. On the fifth day the inflammation has increased considerably, and on the sixth the cuticle appears raised by the effusion of a fluid under it. On the seventh the spot grows white, and is generally depressed in its centre, the surrounding inflammation is very active, and the areola is of a deep or livid red colour; a considerable degree of pain is now felt shooting along the limb into which the virus has been inserted, and extending to the axilla or groin, as the arm or leg has been the member selected for the inoculation. On the eighth, besides the local symptoms, which continue much as before, traces of general or constitutional disturbance begin to be manifested. These are very nearly the same as the initiatory symptoms of the small pox taken naturally—shivering fits, hot skin, quick pulse, headach, depression, nausea, vomiting, &c. On the

ninth, tenth, and eleventh, the pustule continues nearly stationary, though evident signs of commencing desiccation appear in the centre; the general febrile symptoms persist; on the twelfth, a general eruption makes its appearance, precisely similar in its external characters to that which appears about the fourth day from the period of invasion of natural small pox. This eruption is seldom copious, and very rarely confluent. It appears first on the face, and extends successively, on the two following days, to the trunk and extremities. The pustules of which it consists run precisely the same course as those of natural small pox, becoming depressed in their centres, surrounded with a deep red areola, and filled with pus, remaining stationary for a time, then shrinking, whilst the surrounding inflammation subsides, and drying off into brownish scabs, which, being detached, at the usual period, leave deep red stains on the skin, and superficial cicatrices which are not usually of any long duration.

The scab of the original or inoculated pustule is loosened between the twentieth and twenty-fifth day from that of inoculation, and leaves a scar behind it which is indelible.

Small pox always appears under the influence of a specific contagion, which is transmitted mediately as well as immediately; it may be carried in articles of clothing from one quarter of the globe to another, and seems to be borne on the wind to a considerable distance from the persons of those affected. The disease very commonly appears epidemically. It spares no age nor sex; even the fœtus in utero may catch the contagion. Some individuals, however, resist its influence in a very remarkable manner; and although it does not commonly affect the same person oftener than once during his life, innumerable instances are on record of its having done so twice, and even thrice, in a modified shape, so that small pox itself is no more an infallible preservative against a future attack of the disease than cow pox.

And this consideration leads me naturally to speak of variola developed under these circumstances, and especially after vaccination, as well as with certain modifications which

have caused the disease to be entitled varioloid and varicella. These modified diseases have lately undergone the most ample investigation, and the subject is now one upon which the minds of the unprejudiced part of the profession seem generally made up.

Modified variola, varioloid, or varicella appears with various, but in each particular instance pretty regular, characters. The varieties of varicella may all be included under two heads, according to the nature or form of the eruption. These are *pustular* varicella—the modified small pox, or varioloid of late writers; and—*vesicular* varicella, or chicken pox, properly so called. The disease also occurs, though very rarely, with a third elementary form, which might be made the ground of a farther division, namely, the *papular;* the eruption, which in every case possesses this shape at first, in the particular variety alluded to never advancing beyond it.

Pustular varicella. The precursory symptoms of pustular varicella vary extremely in severity; in some cases they are very slight, in others fully as intense as they are ever observed to be, even when they usher in a bad attack of confluent legitimate variola. As to the particular symptoms themselves, they do not differ materially from those that precede small pox generally; they differ in this, however, that they bear no necessary relation, as in legitimate variola, to the extent of eruption which is to follow them.

The eruption comes out, on the third or fourth day, over the face, trunk, and extremities, with great abatement as usual of the general symptoms, under the form of minute red papular elevations, which for the most part become successively vesicular and pointed, next depressed in the centre, and then pustular, or filled with pseudo-membranous matter, though many of them abort at different stages of their progress. These changes frequently go on pretty evenly till the seventh or eighth day from that of the eruption, the pustules being even confluent on the face, and the disease to all intents and purposes small pox: but now a remarkable difference occurs; instead of advancing to a state of suppuration, and a

secondary fever being lighted up, to bring the patient's life into danger, the pustules shrink and become rapidly covered with scabs, whilst every morbid symptom vanishes, secretion is renewed, the pulse falls in force and frequency, appetite returns, and the patient feels himself suddenly restored to health.

Such regularity in the course of the modified small pox, varioloid or pustular varicella, however, is not very commonly observed. The disease is observed most frequently among those who have been vaccinated, occasionally among those who have already had small pox, and now and then among individuals who have never either been vaccinated or had small pox. It is not always a very mild disease, and one devoid of all danger; on the contrary, it sometimes, though very rarely, proves fatal. The scabs, on being detached, leave dark vinous red stains and superficial cicatrices behind them, which, although very conspicuous at first, do not generally all prove permanent; after lasting for some months or a few years, they for the most part disappear.

The inoculation of the virus of pustular varicella appears to cause at one time a merely local eruption, similar to cow pox; at another, a general eruptive disease, similar to itself, that is, small pox without secondary fever; and at another, legitimate small pox with all its concomitant and distinguishing symptoms. This eruption, like vaccinia and variola, even seems to give security, in some measure, against small pox, or to render those who have had it less susceptible of the contagion of that disease. *Pustular* varicella is also observed to prevail at the same time as epidemic variola. These are so many considerations, all alike tending to show, that the disease is in fact small pox modified by various and generally appreciable circumstances.

Pustular varicella does not always appear with external characters so closely resembling those of small pox. The pustules, instead of being umbilicated or depressed in the centre, are frequently conical, when the disease is named *swine pox;* or globular, when it is entitled *hives*, by the vulgar.

The pustules in these cases contain a certain portion of coagulable lymph, but owe their size and plumpness, in a great measure, to a sero-purulent fluid with which they are filled. The general symptoms are essentially the same as those of small pox, though in general infinitely less severe, and always occurring with the entire absence of secondary fever.

Varicella, again, occurs in a form which cannot be considered as pustular at all, the eruption never advancing beyond the vesicular stage, but attaining its height under this elementary form. This constitutes the *vesicular* varicella, a disease denominated *chicken pox* by the vulgar. *Vesicular* varicella is generally preceded, for from four and twenty to forty-eight hours, by symptoms of general constitutional disturbance, such as listlessness, headach, inappetence, sickness, sometimes vomiting, thirst, quick pulse, &c. but these symptoms are often so slight as scarcely to attract attention at the time, though they are also occasionally so severe as to excite fears of a much more serious disease than that which eventually occurs. When the eruption is first perceived upon the chest and face, it is in the form of small red papular elevations. In the centre of most of these, a minute vesicle is by and by perceived, filled with a pale straw coloured and transparent fluid, which continues to increase in quantity for two or three days, some of the vesicles mean time becoming pointed, others assuming a rounded or flattened appearance. On the third day from their development, the fluid in the vesicles becomes a little turbid; and the day after, the majority of them are perceived evidently to have become flaccid and shrunk. On the fifth day they begin to dry off, and on the sixth are succeeded by small thin brownish coloured crusts, which are usually detached on the eighth, ninth, or tenth day, leaving deep red marks, but very seldom cicatrices upon the skin behind them. The eruption of chicken pox, however, is not simultaneous, but successive, and continues for two or three days; so that vesicles in nearly all the different stages of their progress may generally be perceived in the near neighbourhood of each other. A great deal of the eruption

in chicken pox never becomes vesicular, some of the spots advance no further than the red point which first proclaims their existence, others get farther and attain the papular state before they abort; and this leads me to speak of yet another variety of varicella, namely, the *papular*, entitled *horn pox* by the vulgar.

Papular varicella. This form of varicella is extremely rare, and, indeed, is scarcely ever seen otherwise than associated with one or other of the varieties of the disease that have already been described. In its essential nature it does not differ from these varieties, except in so far as the eruption stops short of the stage which they attain. The precursory symptoms, when any are observed, are of the same general description, and the disease arises under the same circumstances; namely, during the epidemic prevalence of variola, or of one or other of its modifications entitled varioloid and varicella. The disease has even been produced by inoculating persons who had already had small pox with the virus of this disease.

The eruption of the *papular* varicella appears as usual in the form of red marks, which are rapidly transformed to papular elevations of the same colour. After continuing for a day or two, these begin to shrivel, and by and by disappear, without being attended with any thing like secretion, or any other morbid process in the parts of the skin they occupied. As I have said, this *papular* varicella is almost always met with associated either with the *vesicular*, or with a few of the pustules of the globular, variety of *pustular* varicella.

Treatment of variola and its modifications. Small pox is a disease whose course, once commenced, is necessary. All attempts to cut it short, consequently, must needs fail of their object at least, if they do not prove positively injurious. Here it is only proper to follow nature, not to thwart her in her efforts; and it is undeniable, that the severity of the symptoms in almost every one of the stages of small pox, may in general be greatly lessened, and their tendencies very considerably modified, by the interference of art.

When the initiatory symptoms of small pox prove mild, and the eruption makes its appearance without any great amount of febrile derangement, we have commonly little opportunity, as there is little occasion, to interfere farther than is usually done in cases of slight fever; the patient has only to be put to bed and kept cool, whilst abstinence is enjoined, and a liberal supply of any cooling drink is allowed him. The return of the secretions must be solicited mean time by the exhibition of such medicines as the liquor ammoniæ acetatis, the nitrate of potash, and gentle aperients. Particular symptoms must be treated as they arise,—severe headach might induce us to apply a few leeches behind the ears, or to the temples; for sore throat and pain in the mouth generally, we would prescribe cooling gargles; and so on.

When the disease appears with symptoms of greater severity, and the patient is young and vigorous, venesection is resorted to with the greatest advantage. This measure, when decided on, should be carried to such an extent as produces an evident effect on the system at large. If but a few ounces of blood be taken away, the violence of the symptoms will not be permanently abated, whilst the patient is left with diminished powers to struggle against a most subduing disease. If, on the contrary, twenty or thirty ounces, or such a quantity as produces symptoms approaching to syncope, be taken, the morbid actions that were exhausting life are all materially allayed, and the patient, though enfeebled, is left with a much less amount of disease to contend against. In addition to general blood-letting, the application of a number of leeches, in the neighbourhood of those parts that are most severely affected, will frequently be found to give considerable relief. Should congestion or inflammation of any important vital organ be suspected during the course of the disease, particular attention must be paid to the complication. Accidents of this kind frequently occur at so late a period of the disease, that general blood-letting is no longer admissible as a means of arresting their progress; neither, indeed, do they seem to be so much under the control of venesection

as when they arise without being traceable to a specific cause.

After the height of the disease is attained, and the period of suppuration is about to commence, gentle laxatives are generally of great service, and seem frequently to have the power of putting a stop to the insidious inflammatory or congested state of the lungs, so often found to prevail in cases of small pox that terminate fatally.

Local treatment of several kinds has been proposed, principally with a view of preventing or lessening the deformity which small pox, especially when confluent, seldom or never fails to occasion. It has been proposed to rub the surface of the body roughly with a coarse towel as soon as the eruption made its appearance; but this procedure does not materially interfere with the future progress and usual tendency of the pustules. With better success others have practised the cauterization of each particular pustule in distinct small pox, as it arose, and of the whole surface beset in the confluent form of the disease, with nitrate of silver in substance or in solution. The head of each vesicle is removed with the point of a lancet, and a sharp pencil of nitrate of silver, or a gold needle, charged with a strong solution of this caustic, is carried into its interior. When this is done at a sufficiently early period, the pustules so treated are almost invariably arrested in their progress. This procedure is of course inapplicable in the confluent form of the disease; all that can then be done, is to touch the whole surface of the face with a pretty strong solution of the nitrate of silver in distilled water, by means of a hair pencil. This operation seldom puts a stop to the course of the eruption. The number of indelible cicatrices may indeed be lessened, but when the incrustations and eschars come to be detached, many pustules will be found to have run through their different periods unmodified, and to have left traces of their presence that will remain through life.

The well known influence of mercury in checking the deposit as well as in promoting the absorption of coagulable lymph, has induced some practitioners strongly to recommend

some of the preparations of this metal externally as a dressing to the pustules, as well as internally by way of aperient and alterative.

At a very early period in the history of medicine, it was the practice to open the pustules of small pox, and by gentle pressure to evacuate the purulent matter they contained. In a great many cases this plan might be revived with the best effects.

Very recently it has been proposed to inoculate with the vaccine virus, those who were presumed to exhibit the initiatory symptoms of small pox. And it is possible, that this operation done at a very early stage of the disease, might have the effect of modifying, in a greater or less degree, the natural course of the eruption, and the violence of its concomitant symptoms.

During recovery from small pox, it has been usual to prescribe aperients. The propriety of this practice, however, is very questionable. Constipation should certainly be guarded against; but if the patient be going on favourably, there seems no reason, upon the presumed necessity of evacuating peccant humours, to put him upon a course of purgative medicine. On the contrary, convalescence is often retarded by the occurrence of diarrhœa, and then mild opiates are of the greatest utility.

I think it unnecessary to enter into farther details upon this part of my subject. Neither have I much to add in regard to the treatment of variola in its modified shapes. When the symptoms in any of these run high, the same general measures are required as in legitimate variola. When, on the other hand, they are of little intensity, the expectant method, as it has been entitled, may be pursued, and the arrival of the seventh or eighth day of the eruption confidently looked forward to as the crisis, or term of the disease.

VACCINIA, COW POX.

Nearly akin to the family of the variolæ, if not absolutely one of its members, as analogy, and several circumstances that have been recently made known, would lead us to believe, cow pox is the next form of pustular eruption that will briefly engage our notice.

It had long been known, in the great dairy districts of England especially, that cows were subject to an eruption upon their teats which frequently infected the milkers, communicating to them a disease precisely similar in its outward characters to that under which the animals laboured. It was, further, very commonly believed that those individuals who had accidentally become infected in this way, were proof against the contagion of small pox. Living in the midst of a peasantry among whom these notions were current, it seems at an early period of his life to have become a point of faith with EDWARD JENNER, that this peculiar disease of the cow, artificially inoculated upon the human subject, would prove as effectual a preservative from small pox, as the eruption accidentally engendered by immediate contact with the animal, whilst the benefits of the infection might by this means be much more extensively diffused. Jenner had arrived at man's estate before he found an opportunity of reducing this idea to practice. The result of the experiment needs not to be particularly stated here; the name of Jenner is now pronounced with reverence wherever civilization sheds her light, and his memory will be cherished through all future ages as one of the most truly illustrious among the benefactors of mankind. And this, in spite of the circumstance that his hope and belief of cow pox being a complete preservative against small pox in every shape, have not been realized to the letter: cow pox does not in every instance give immunity from small pox; but it disarms this scourge of its terrors; it renders one of the most formidable diseases incidental to humanity, one generally of extreme mildness and no danger, to say nothing of

the very large proportion of those subjected to its influence who pass through life unscathed by small pox in any even of its most modified forms.

Cow pox occurs but rarely among cattle; from all accounts, more rarely now than it used to do. The disease is communicated artificially, either by inoculating directly from the animal to the human subject, or from a vaccine pustule originally developed in the human subject by this means; the latter is now almost the only method practised. The process by which the vaccine virus is transferred from one individual to another is abundantly simple: the point of a lancet, charged with the virus, is insinuated a very little way into the substance of the integuments; there it is allowed to remain for a few seconds, and being withdrawn, slight pressure for a short time upon the seat of the puncture, with a view to prevent bleeding, completes the operation. That part of the arm into which the point of the deltoid muscle is inserted is usually selected for vaccination, and it is perhaps as convenient as any.

Great care should be taken to select vaccine virus of the most active description. Experience has shown that this virus possesses its greatest energy on the fourth and fifth days from the appearance of the pustule, which corresponds with the eighth and ninth days from the date of the vaccination. Too many vaccinations should not be performed from the same pustule; experience having shown that whilst those first vaccinated from a particular subject almost invariably received the infection, many of those vaccinated last escaped it. It has also been recently surmised that the protecting influence of vaccinia is most certainly transmitted from infants to infants and from adults to adults.* The vaccine virus is best transferred immediately from the pustule to the skin of the subject to be inoculated. But it may be kept for a day or two upon the point of a clean lancet without apparently losing any of its activity, and may be preserved for a much longer period upon bone or ivory points made for the pur-

* Vide Lond. Med. Gazette, July 12th, 1834. Experts. on Vaccination.

pose, or dried between two plates of glass. When these bone points are used, a slight puncture should be made in the skin with a lancet, into which one of them is then insinuated and allowed to remain for a few seconds. When the virus, preserved in a dry state upon a glass plate, is employed, it requires to be moistened with the smallest possible quantity of cold water, when it is taken up on the point of a lancet, and inserted under the cuticle in the usual way.

It is now customary to make more than one puncture in vaccination, generally with a view to give the operation an additional number of chances of succeeding. But some vaccinators have of late insisted on a great extension of this practice, in the idea of infecting the system more completely. Jenner was careful to insert no more than a single puncture in each arm; and it is unphilosophical as well as against experience to suppose that twenty vaccine pustules produce a greater amount of specific effect upon the system than one. One puncture on each arm will be found amply sufficient in cases whence we do not care to derive any virus; but two or three may be made when we wish to procure a supply of this precious poison for ourselves or our friends.

As in variola, there are four distinct periods observable in the progress of the pustules of cow pox; the first extends from the time of inoculation to that when the virus begins to exert its specific influence upon the part into which it was inserted, and upon the constitution; for these two incidents are simultaneous: the nascent vaccine vesicle has been arrested in its progress by the application of caustic, and still the constitution has been influenced, the vaccine and even the variolous virus subsequently inoculated exerting none of their peculiar effects upon the system; the second period extends from the time when the vaccine vesicle begins to be developed, till its complete evolution, which happens on the eighth and ninth day; the third period is marked by the pustule being at its height and stationary, and lasts till about the tenth day; the fourth period is distinguished by the decline of the local inflammation, the formation of evident purulent matter within

the cellular structure of the pustule, and the desiccation of this fluid into a horny scab.

The first period is one of entire quiescence, but the punctures never die away entirely; their places can still be made out by the presence of a minute but very distinct red point. On the third or fourth day,—the commencement of the second period, the slight red point enlarges, it is evidently more inflamed, the part rises and feels hard under the finger —the disease is in its papular stage. On the fifth day the cuticle of the part is evidently detached by a serous effusion under it—the vesicular stage; on the sixth, this effusion is greater in quantity, and already differs essentially in its appearance from serum—the pustular stage (for want of another word) has now been attained; the advancing spot is, in fact, filled with a kind of cellular coagulable lymph, and is umbilicated or depressed in its centre. Neither at this nor at any other period anterior to that at which the vaccine pustule becomes filled with yellow pus, which it does eventually, can it be at once discharged, by a puncture, of its contents, like a vesicle.

The pustule preserves the appearance now described, with little alteration save in size, till the eighth or ninth day. It is then usually of the size of a large split pea, flat in its form, umbilicated in the centre, of a dull waxy white colour, and when punctured in several places, suffers a limpid and perfectly transparent fluid to exude from the reticulated disc of coagulable lymph, to the presence of which it mainly owes its form and general appearance. This is the stage at which the vaccine virus appears to possess its specific properties in the highest perfection, and when of course it ought to be employed for the purpose of inoculation. On the ninth day the vaccine pustule is at its height. It is now surrounded by a distinct areola of a bright red colour, and forms the centre of a hard elevated tumour, produced by the tumefaction of the surrounding skin and subjacent cellular membrane, the surface of which frequently appears covered with minute serous vesicles. On the tenth day these appearances are even more distinct than on the ninth, and the patient in addition

exhibits symptoms of some slight constitutional disturbance. The pain in the affected part is often severe, and stretches up the limb towards the axilla, the lymphatic glands of which enlarge, and become tender; the pulse is quicker than natural, and there is restlessness and some degree of general febrile excitement.

By the eleventh day, the local symptoms of inflammation are on the wane; the areola looks more diffuse and of a duskier or paler hue; the pustule now acquires more of a yellowish colour, and probably already contains a little purulent matter; it also begins to dry in the centre, where it becomes brown. On the twelfth day the surrounding inflammation and tumefaction are rapidly subsiding, the pustule is distinctly purulent, and the cuticle is scaling off from the circle that was most violently inflamed. On the thirteenth day the pustule is no longer cellular, as it has hitherto been; it forms a yellow phlyzacious pustule, which can now be evacuated entirely of its contents by the prick of a lancet. The areola is now very small, and of a dark or livid hue, the pustule itself is rapidly drying off into a scab, which grows gradually darker, harder, and smaller, until the period of its detachment, which happens about the twenty-fifth day, when, falling off, it leaves a characteristic and permanent cicatrix behind it.

The progress of vaccinia is not always thus regular. The period of incubation, for instance, may be greatly extended, so that no symptoms of inflammation appear for ten, twelve, or even twenty days; on the other hand, it may be so much shortened, that the eliminatory inflammation follows the puncture almost immediately, when the pustule that is produced runs through its different stages in half the usual period of time, and the scab is detached without leaving a trace of cicatrix. Sometimes again the pustule seems to advance regularly enough to the seventh or eighth day, when it stops short, never becomes surrounded with an areola, nor accompanied with the swelling and hardness so remarkable in the regular disease on the ninth and tenth days. In other instances the pustule continues acuminated and much smaller than it

ought to be, and only becomes surrounded by a pale, widely diffused areola, at some other than the proper period. The disease, in this irregular shape, is entitled false cow pox, or *vaccinella*. It seems to arise under the influence either of some peculiar idiosyncrasy, which renders individuals unsusceptible of the proper contagion of cow pox, or of a constitution which has already been modified by having passed through cow pox or small pox, or in which the contagion of this last disease was dormant at the period when the vaccine virus was inoculated.

These modified species of cow pox are not nearly so efficient in preserving the constitution from the effects of small pox contagion, as the true disease. And here it often becomes an important consideration, as to what is to be done in those cases in which a spurious disease, or vaccinella, has followed inoculation, instead of the regular vaccina-vacca. We are usually told to wait a while, and vaccinate again; but I believe it will generally be found that proper cow pox cannot be engendered in those who have been affected with vaccinella. It cannot but be viewed as unjust to the individual to leave him exposed to the infection of small pox; neither would it probably be held fair to the community to inoculate him with this poison. Under proper precautions, however, would not the latter be the most advisable procedure?

Cow pox is so mild a disease, that no treatment is commonly thought necessary during its progress. A dose or two of some gentle aperient is often prescribed, after the scabs have fallen off; a practice for which it would be difficult to assign any satisfactory reason.

ECTHYMA.

Ecthyma is a disease of the skin characterized by large, round pustules, almost always distinct, and seated upon an indurated and highly inflamed base. To these pustules, which are models of the phyzacia of Willan, and appear in

successive crops on different regions of the body, more especially on the extremities, shoulders, and buttocks, succeed thick, brown, and adhering scabs, which, upon being detached, are found occasionally to leave superficial cicatrices behind them, but much more commonly mere dark red stains, covered with new epidermis, that disappear entirely after a time. The four varieties of this eruption, which have been particularly described, may all be arranged under the heads of *acute* and *chronic* ecthyma.

In its *acute* and most simple form, ecthyma appears on a single region of the body, very commonly about the shoulders and neck, in the guise of a crop of circumscribed, hardened, raised red spots, which are by and by observed to contain pus in their summits, whilst their bases are very much inflamed. This eruption commonly goes on for three or four days, after which no fresh pustules are formed. The summits of the pustules generally break within a day or two of their formation, and pour out their contents upon the surface, which then harden into olive-brown incrustations, that adhere very firmly to the skin. In the course of from ten days to a fortnight these incrustations are detached, and circular marks of a livid red colour remain in their stead; and when any degree of ulceration has taken place under the scabs, as occasionally happens, small cicatrices, very similar to those of small pox, but more superficial, are left behind.

The pustules of acute ecthyma vary in size from that of a split pea to that of a shilling. Their progress is accompanied by shooting pain of a pretty severe description, and the lymphatic glands in their neighbourhood occasionally enlarge a little, and become tender to the touch; but it seldom happens that we have much evidence of constitutional disturbance in this variety of ecthyma,—the ecthyma *vulgare* of the great original authority on cutaneous diseases.

Chronic ecthyma is a much more common affection than the acute form of the disease, and consists of several successive eruptions of pustules, which appear at intervals variously remote from each other, on the neck, scalp, face, or extremi-

ties, and severally run through their course in the manner already mentioned. In these chronic cases the pustules occasionally acquire very large dimensions, their bases are very extensive, highly inflamed, of a dusky red or livid colour, and, from the participation of the subjacent cellular substance in the inflammation, extremely prominent; they look, in fact, very like boils. The disease in this state constitutes the ecthyma *luridum* of Willan. These immense pustules generally burst within eight or ten days, and discharge a quantity of sanguinolent sanies. They are commonly succeeded by some degree of excoriation or ulceration, which often spreads beyond the bounds of the original pustule. They become at length covered with hard, black, and usually very adherent incrustations, which are not detached till several weeks have elapsed, and which, when they do fall, leave marks and cicatrices behind them. When the scabs are removed artificially, a small indolent ulcer with callous edges, and secreting an ichorous fluid, is exposed. When the scabs continue very long adherent, they are apt to be followed by indurations of some continuance in the parts of the skin they occupied.

In children of weakly constitution, half-starved and badly clothed, ecthyma is a frequent disease, and then the eruption is very irregular in its general dimensions, some of the pustules being very small, others very large,—ecthyma *infantile*.

Among the aged, again, of broken constitutions, and addicted to spirituous liquors, ecthyma often occurs, and with characters which have led to its distinction by a particular title,—ecthyma *cachecticum*. Here it principally attacks the legs, although every other part of the body may be affected. The pustules are surrounded by a great extent of diffuse inflammation, and they contain a blackish ichorous fluid rather than pus; they, in fact, bear a strong resemblance to the bullæ of rupia.

Chronic ecthyma is not necessarily accompanied by much general constitutional disturbance; it is, indeed, only when the eruptions take place in rapid succession, when the pus-

tules are extensively inflamed, or fall into a state of ulceration, that any thing like febrile excitement appears. It is very common, however, to have symptoms of gastric and intestinal disorder along with ecthyma.

Ecthyma occurs at all ages; and as the disease is very commonly traceable to indifferent lodging, bad food, and neglect of proper cleanliness, the poorer classes of society are its most frequent victims. Ecthyma frequently follows small pox, scabies of an inveterate character, and other diseases, —measles, scarlatina, &c. that seem to have peculiarly pernicious effects upon the general health.

The size of the pustules of ecthyma, the manner in which they are developed, and the extent of inflammation by which they are surrounded, are so many characters which generally prove sufficient to distinguish this disease from the other pustular affections, such as acne, impetigo, sycosis, and porrigo. Due attention to antecedent and concomitant symptoms will always prevent it from being mistaken for the pustular form of syphilis. Phlyzacious pustules, like ecthyma in their general appearance, frequently occur in the course of scabies. A knowledge of this circumstance will always prevent the two diseases from being confounded. Ecthyma is distinguished from furuncle or boil, in its mode of development, the surface being first attacked, and the inflammation extending to the deeper tissues; in furuncle, on the contrary, the irritation commences in the subcutaneous membrane, and spreads to the more superficial tegumentory strata. Furuncle is characterized by the formation of a slough in its centre, around which only a very small quantity of pus is formed; the pustules of ecthyma never contain sloughy cores, but are distended with fluid almost from the first.

Ecthyma in itself is not a dangerous disease; but it sometimes indicates a state of constitution that inspires serious fears for the patient's safety. The prognosis consequently must always depend on the circumstances in connexion with which the disease appears.

When ecthyma appears as an idiopathic disease, and is of

trifling severity, rest and the use of diluents and gentle aperients generally prove sufficient to subdue it. Should there be a succession of eruptions, and the inflammation run high, and no circumstance connected with the general health present to contra-indicate the practice, venesection may be resorted to with great advantage; and this, as a preliminary measure, followed up by the others already indicated, will rarely fail in subduing the disease.

When ecthyma possesses the purely chronic character, and occurs in subjects debilitated by previous illness, or with broken down constitutions, we must depend on general dietetic means, and the use of tonics, for bringing the system into such a state as will enable it to conquer the disease. If the patient be an infant, a good wet-nurse is the first, and often the only, condition required for this end. If he be in the decline of life, a quiet and regular life in a healthy situation, wholesome food of the most digestible kind, in quantities proportioned to the digestive powers of the stomach, a little generous wine instead of spirits, the occasional use of the tepid, simple, or sulphurous water bath, of the simple vapour bath, or, still better, of the sulphur fume bath, are almost all that can be recommended. If the general health improve, little trouble is usually required to subdue the ecthyma.

In the way of local treatment something is necessary: so long as the pustules or the succeeding sores are irritable, emollient applications are alone to be thought of. Ecthymatous ulcers, however, are essentially indolent in their characters, and soon require stimulating to make them heal kindly. Their surface may be touched, at proper intervals, with the sulphate of copper in substance, or a solution of nitrate of silver of graduated strength, and under either of these preparations (it being always understood that the general health is improving) they will generally be found to amend rapidly.

CASE OF CHRONIC ECTHYMA.

Captain G., aged 26, had for several summers been regularly attacked with pretty copious eruptions of what he called small boils. The large pustules, which he thus designated, appeared in succession on the legs and arms, and in still greater numbers on the shoulders and trunk of the body. In all these situations, there were many faint cicatrices to be seen. The patient was of a sanguine phlegmatic habit, and otherwise in good health. The legs were swollen; the pustules, raised on a hard circular base of a fiery red colour, contained a transparent yellowish fluid in their summits, and, on being broken, were succeeded by thin brown crusts, which on falling off were in their turn followed by a desquamation of the cuticle. The skin of the affected places was red at first, but soon recovered its natural appearance. Other pustules, not so far advanced, showed merely like red elevations, whilst others, in a still less forward stage, might be felt as small indurations under the cuticle.

Captain G. applied to me on the 20th of May, 1833, and as the sulphur fume baths may be safely recommended in every stage and in all cases of ecthyma, he commenced them immediately after having taken a smart dose of purgative medicine, which was continued every day, in aperient quantities, together with the fume bath. This, with some attention to regimen, was all that was held necessary. June 6th, The pustules had now ceased to form in every situation except between the shoulders, where a few appeared, probably excited by a flannel waistcoat, and the friction of the braces; the red elevations were fainter and fewer, and showed no tendency to advance to suppuration; not one with the tuberculous feel could be discovered under the cuticle. The treatment was continued, a calico shirt being substituted for the one of flannel. On the 18th, the pustules had all disappeared, and the treatment was discontinued, the patient being quite well.

In April, 1834, this gentleman again applied to me, having

a return in a slight degree of the same complaint. He resumed the treatment as before, and in a fortnight there was not a vestige of the complaint to be seen.

He told me, that after the treatment of the year preceding, he had had a continued peeling of the skin for a period of more than three months. I am strongly inclined to believe that it was from this desquamation, or general peeling of the dry and hardened outer skin, that this gentleman had enjoyed immunity so long from this pustular complaint, under which he had laboured for so many years, for he was scarcely ever quite free from it. In proof of the skin having recovered its healthy state, his complexion from being sallow had now become clear, and his appearance approaching the florid.

In cases of ecthyma generally, the sulphur fumigations are greatly to be relied on. In cases more acute in their type than the one related above, it is well to have recourse to one or two small bleedings, in conjunction with the use of the sulphur fume bath. I hold this disease to be so manageable by the mode of treatment inculcated, that to adduce more cases would be useless.

IMPETIGO, RUNNING TETTER.

The title impetigo is given to an affection of the skin characterized by the formation of a number of minute pustules, distinct and scattered, or collected into clusters, which bursting, shed their contents upon the surface, and become covered with thick, laminated, or prominent incrustations. These are the pustules which are entitled *psydracia* by Willan.

I have said that the pustules of impetigo are either scattered and distinct, or collected into clusters of various extent and fused one with another; and this happens to such an extent, and so regularly, that two varieties or species of the disease have been founded upon the circumstance. One of these, the impetigo *figurata*, in which the pustules are agglomerated, occurs most frequently on the face, the cheeks

especially, and attacks the youthful of a lymphatic temperament. It is not necessarily preceded by much constitutional disturbance; some degree of uneasiness, inaptitude for active exertion, loss of appetite, &c. are, however, very commonly observed before the attack. The eruption makes its appearance in the shape of one or more small red patches, very slight though well defined, and increasing gradually in intensity, accompanied with a good deal of itching. Anon these patches are thickly covered with small yellow pustules, which soon become confluent, never having been either prominent or acuminated, each smaller group composing the aggregate patch appearing in the middle of a bright red areola, the progress of the eruption is attended with severe pruritus and scalding pain. The pustules are not of long continuance; they burst within three or four days, and discharge a quantity of purulent fluid, which quickly dries into semi-transparent and very friable incrustations of a peculiar yellow colour, and bearing a considerable resemblance to a layer of concrete honey. The discharge continuing, often in surprising abundance, under these incrustations, adds immensely to their thickness; when detached, the secretion is found to proceed from a multitude of points on the surface of the inflamed and denuded corion. The parts in the circumference of the crusts always continue red and inflamed, and upon these a few psydracious pustules, in different stages, may very commonly be discovered.

When the disease is not kept up by a succession of pustular eruptions, it continues in this crusted state, apparently stationary, for two, three, or four weeks, when the secretion diminishes, the crusts fall off gradually and irregularly, leaving a surface red, shining, and very tender, which long continues to bear traces of the disease, though it never leaves any permanent cicatrix.

Impetigo *figurata* of the face, however, is very apt to assume the chronic type, being continued indefinitely by a succession of pustular eruptions. In this case the deeper layers of the skin, and even the subjacent cellular substance, are

frequently implicated; and then deep chaps, and even ulcers of some extent, seam and excoriate the surface of the parts affected; at all events, no sooner is one incrustation detached than a fresh exudation of purulent matter gives rise to another, and so on for many times successively, until the inflammation at length seems to acquire something of a squamous form: the skin red, and shining, is covered with furfuræ so long as the disease continues. Impetigo *figurata* of this character is met with on other regions of the face, besides the malar, frequently indeed confined to very small districts of the integuments, as to the under eyelids, to the upper part of the philtrum of the upper lip, &c. and then the incrustations occasionally dry into stalactitic forms, which have been even made the ground of a further subdivision of the disease, which seems very unnecessary.

Impetigo *figurata* is occasionally seen on the trunk and extremities, as well as on the face. When the incrustations acquire a very great degree of thickness in this variety, the disease has been entitled impetigo *scabida* by Willan. The clusters of pustules, and the scabs that succeed them in these situations, are very commonly circular in form; they are also of larger size on the inferior than on the superior extremities.

Infants at the breast, and during the period of teething, are subject to a variety of impetigo *figurata*, which has long been familiarly known under the title of *crusta lactea*, and has been variously classed among the tineas and porrigos, by different writers, under the name of tinea *muciflua* of the face, porrigo *larvalis*, &c. The eruption in this affection is certainly impetiginous; it consists, in fact, of a number of small superficial pale yellowish pustules, more or less confluent, and collected into clusters. These bursting in four or five days, are succeeded by greenish yellow coloured incrustations, sometimes thin and laminated, at other times thick and rugous, exactly as in impetigo *figurata*. Fresh crops of pustules are evolved in the neighbourhood of the first clusters, which add to the extent of the disease, at the same time that a good deal of exudation is going on under the incrustations, and adding to

their thickness. The surface of a portion of the scalp, of the ears and lips, and even the whole of the face, is often seen covered in this way with a kind of mask, whence the epithet *larvalis*, assumed by Willan as characterizing the disease.

This variety of the disease appears with very different degrees of intensity. It is in one case very mild, in another extremely acute, and apparently attended with excessive pruritus and much pain. But it is satisfactory to be aware, that however severe the accompanying inflammation, and however deep and formidable in appearance the chaps which surround the lips and eyelids, permanent cicatrices are hardly known to follow this variety of impetigo.

When the hairy scalp is the peculiar seat of impetigo, the disease is yet farther modified: the pustules are still crowded together, but not so distinctly collected into clusters as in common impetigo *figurata* of the face; they are of a whiteish or pale yellow colour, and each seems traversed in its centre by a hair. They soon burst, spontaneously, or in consequence of the application of the nails to relieve the severe pruritus with which their formation is accompanied, and pour out a viscid semi-opaque pale straw coloured fluid in great abundance, which moistens the hair and concretes into small ragged masses, very like the granules of tapioca, or bits of candied sugar. This variety of impetigo has also been described as a tinea, or proper affection of the scalp, with the affix *granulata*, from the peculiar form assumed by the discharge in concreting, and as a porrigo, with the epithet *favosa*, by Willan. The pustules are psydracia in the first instance, and the plentiful discharge that for some time succeeds their rupture, is precisely similar to that which is poured out in the other varieties of impetigo.

In impetigo of the scalp, the inflammation sometimes extends to the subcutaneous cellular membrane, and gives rise to the formation of small circumscribed and very painful abscesses, which usually burst externally, although they are also occasionally absorbed. The lymphatic glands of the neck are also very commonly enlarged and painful in this complaint.

The hair is scarcely thinned by the disease, unless it has continued for a very long time, but it is generally matted together, dripping with discharge, and full of pediculi. It also exhales a very unpleasant smell, which has been aptly enough compared to that emitted by rancid butter or spoiled cheese. This, however, is a mere consequence of inattention to all measures of cleanliness. The discharge itself has very little smell; it is in the hot-bed of the tangled hair that it undergoes corruption.

Instead of being clustered together, the psydracia of impetigo are often observed distinct and rather widely scattered, —impetigo *sparsa*. In this variety, which is especially apt to attack the legs, the evolution of the pustules is accompanied with insupportable pruritus. They very generally make their appearance upon the insteps, ankles, and especially the outer aspects of the legs. They run their course in the same manner as the agglomerated pustules of the impetigo *figurata*, bursting after a day or two, and shedding their contents upon the surface, where these harden into yellowish laminated incrustations, which are kept moist by the glutinous discharge that is continually poured out beneath them. This diminishes after a time, and the crusts become firmer and seem about to be thrown off, but precisely at this moment a fresh eruption of pustules makes its appearance, and the disease is renewed with all its original intensity, and generally with a considerable extension of its boundaries; so that as the same thing happens again and again, the whole leg, from the instep to knee or thigh, is at length frequently seen encased in one continuous rough, thick, and adhering yellowish brown incrustation, very similar in its appearance to the bark of a tree,—impetigo *scabida*, Willan.

It may well be conceived that the motions of the limb affected in this way, are greatly impeded and very painful, and that motion should be followed by deep and angry chaps, which traverse the limb in all directions, and by the discharge they pour out, add to the roughness and thickness of the incrustations. When the surfaces which are thus affected

are freed from crusts, the corion denuded and inflamed is exposed, pouring out, from a multitude of points, a profuse seropurulent discharge, which by drying very speedily covers the parts with a fresh scab.

Impetigo *sparsa*, arrived at this stage of severity, is always an obstinate disease, frequently continuing for months, and even for years, in spite of the most sedulous attention and best directed treatment. The inflammation is no longer confined to the superficies, but extends to the whole thickness of the corion, giving rise to intractable ulcers; and spreading to the ends of the fingers and toes, it at length implicates the secreting matrices of the nails, which are then produced distorted in their shapes, or are detached and lost entirely.

When the disease tends to a conclusion, the incrustations become drier and firmer, and once detached are no longer reproduced. The surfaces they covered long continue in a very tender state, shining, of a deep red colour, and often marked with superficial cicatrices.

Impetigo *sparsa* is also occasionally seen on other regions besides the legs; it occurs, for instance, on the arms, on the face, and not unfrequently in infants on the hairy scalp. In the last situation, it has been described under the name of tinea *mucosa*, tinea *granulata*, and porrigo *lupinosa*. For the sake of connecting this variety of impetigo with another, the *crusta lactea*, or porrigo *larvalis*, to which it bears the greatest affinity, I have described it immediately after that affection.

In none of its forms, and at no stage of its existence, is impetigo a contagious disease. Infants and young persons are the usual subjects of two of its varieties, the *larvalis* and *granulata*. Individuals in the prime of life oftenest suffer from impetigo *sparsa* of the legs. The disease often follows other affections of the skin, different in their elementary forms, and can sometimes be traced to severe bodily fatigue, to continued excesses in eating and drinking, &c. But its etiology is in general exceedingly obscure. The filth and wretchedness in which the children of the very poor are reared, seem to expose them

to become the victims of the impetigo *larvalis* and impetigo *granulata*.

Impetigo is a disease that is not generally very difficult of recognition. It will hardly be confounded with any of the family of variolous pustules. The smallness of its pustules sufficiently distinguishes it from ecthyma. The thickness and continuousness of incrustation, and the copiousness of the discharge, prevent impetigo from being confounded with acne and mentagra. Impetigo is discriminated with more difficulty from the severer forms of eczema, one of which, indeed, approaches this pustular disease in so many particulars, that its specific title, *impetiginodes*, is derived from the circumstance. To the head of eczema I beg to refer for the elements of the diagnosis. Impetigo is remarkably distinguished from the tineas or porrigos in the non-contagiousness of its nature, and in the form and character of its incrustations, which are moist, rugous, and continuous, not hard, dry, dimpled, and moulded, like those of true porrigo. Impetigo is at once distinguished from the originally squamous diseases, by its pustules, incrustations, and plentiful discharge.

When impetigo appears as an acute inflammatory affection, which it frequently does, it must be treated upon the general principles which guide us in this class of complaints. In the milder forms, the antiphlogistic regimen and emollient tepid fomentations, as of milk and water, decoction of bran, &c. and light dressings of the unguent. oxid. zinci, or plumbi superacetatis; in the severer, the local and even the general abstraction of blood, when there is nothing in the state of the constitution forbidding the practice, in addition to these measures, seldom fail to subdue the violence of the symptoms. The application of a couple of leeches, one behind each ear, in children of two or three years old, when the inflammation runs high, unremitting attention to cleanliness, the hair being clipped short when the scalp is the part affected, the constant use at first of emollient tepid fomentations, and subsequently of weak alkaline washes, whilst the parts affected are touched night and morning with the unguent. nitrat. hydrarg. pro-

perly diluted, combined with the exhibition, now and then, of some very gentle aperient medicine, will generally be found sufficient to bring to a happy conclusion either of the two varieties of impetigo, (impetigo *larvalis*, imp. *granulata*,) to which they are most subject. When abscesses form, if they be opened with the point of a lancet, they usually soon heal up without further trouble.

In older subjects, after the due employment of emollients and antiphlogistics, the vapour douche will be found of the greatest service in freeing the skin from incrustations, and in altering the morbid actions of the parts affected. It is very essential, however, not to have recourse to this remedy at too early a stage of the disease, in which, instead of proving beneficial, it will certainly aggravate the whole of the symptoms.

Should impetigo appear in connection with a deranged state of the general health, or particular affection of the digestive apparatus, as sometimes happens, a great portion of the treatment must be directed with a view to rectify what is amiss either generally or particularly.

When impetigo assumes a decidedly chronic type, the habitual use of a drink acidulated with the nitric or sulphuric acid, the occasional exhibition of an aperient dose of one of the neutral salts, as of the sulphate of magnesia, prolonged immersion in the tepid bath, and the topical application of a stimulating wash, (the hydrocyanic acid properly diluted has been strongly recommended,) may often be tried with decided advantage.

Should the inflamed surfaces continue indolent under this system of medicamentation, the more powerful influence of the hot air or vapour bath may be cautiously tried. These baths should be administered at a low temperature at first, and their effects carefully watched. If they do not cause too great a degree of reaction, and yet fail to bring about a decided improvement in the disease, the parts affected, after being cleared from scabs as much as possible by the use of the tepid douche and vapour bath, may be touched with a

weak solution of the nitrate of silver in distilled water. The citrine ointment is another stimulating application that is frequently employed under these circumstances with very good effect.

Impetigo, however, often proves a most inveterate disease, and may continue unabated in spite of the employment of the whole of these measures. It is under such circumstances, that I have seen the sulphur fume bath operate a change which every remedial means till then called into requisition had failed to accomplish; and although I have occasionally been disappointed in my expectations of a complete cure, in very bad cases, within a reasonable length of time, I have always had to congratulate myself on a very great improvement, as well in the state of the local disease, as in the general appearance and health of the patient.

The Fowler's solution frequently proves a powerful adjuvant in these inveterate cases. The medicine must of course be begun in small doses, and only increased very gradually. No good is to be expected by acting in a hurry in such a disease as chronic impetigo; and if by small doses of energetic medicines continued for a greater length of time, the wished for results can be obtained, without risk to the patient, it is surely better than by larger doses continued for a shorter time, to arrive at the same end, but with hazard, immediate or remote, to the patient's well-being.

Impetigo is one of the diseases which comes most frequently under my observation; it is, I am inclined to believe, a much more common affection than is generally supposed. It usually makes its attacks, on those who suffer from it annually, in the early summer months, at first in the small pustular form; the parts thus affected get crusted over, and then become squamous, and are by and by left apparently nearly well. But the same changes are taking place in a similar order on other districts not before affected; and even to the decline of the malady psydracious pustules continue to be evolved. The flexures of the joints, the hams, groins, armpits, in the order here set down, now become affected with an

eruption, in which vesicles rather than pustules, are often the prevailing elementary form,—eczema *impetiginodes*, W. I have often observed the disease in these obstinate cases, as the termination of the annual attack approached, to fix itself about the eyes, behind the ears, and on the lower parts of the face, where it continued for weeks or months subject to the exacerbations so common in impetigo and eczema, before finally leaving the patient. Vesicles are easily demonstrated in these cases, but never entirely free from all admixture of pustules. Decidedly impetiginous and pustular in the beginning, the disease, therefore, becomes mixed with a vesicular eruption during its progress, and towards its termination seems even to have more of the characters of an eczema than of an impetigo.

Fortunately the means of cure adapted to the one are with little modification advisable for the other, at least this is so in the chronic stages of both. It is in the pustular affection however, more particularly,—in the impetigo, even though there were much diffuse and vivid redness, and a plentiful crop of pustules, that I have found the sulphur fumigatory mode of treatment to prove of the greatest advantage. This would not at first be supposed ; but the sulphur seems to have a sedative and most advantageous effect, both in forwarding the disease to the crustaceous and squamous state, and in diminishing the itching and acrimonious discharge which is often so profuse.

This effect of the sulphur fume bath in impetigo, is no where to be found mentioned in the French writers on cutaneous diseases; but, from repeated experience, I am positive of the accuracy of what has been stated above. This remedy seems even of itself to prevent the disease from acquiring the variety of forms which distinguish it when inveterate ; nevertheless, in my own practice I commonly advise bleeding before trying the fume baths; but this not being always submitted to, or enforced, led to the observation of the effect just mentioned.

The following cases will I believe be found not uninteresting, as containing details of aggravated forms of impetigo.

CASE OF IMPETIGO.

In 1822, a gentleman of a sanguine-bilious habit consulted me, who had been afflicted from boyhood with a *running tetter*, which he attributed to having been bathed in the sea by way of strengthening him when a weakly child. The disease then made its appearance in various parts of the body, and he had scarcely ever been free from it till the time when he consulted me, at the age of 45. He had been under the care of the late Dr. Willan, and of all the most eminent professional gentlemen in this country and on the continent; and as his liberality and refined manners soon attached his medical attendants to him, they in succession became his most anxious friends, and of course left no means that were either likely or unlikely to do him good untried; even measures the most opposite and unknown in the circle of regular practice, had their trial, and very commonly with the consent of his medical advisers. The greatest relief he had ever experienced was derived from the use of sulphureous fumigations, but being dissatisfied with the rude mode in which they were administered, a medical friend brought him to consult me.

He was at this time nearly covered from head to foot with the malady; he durst not rise from his chair save slowly and with extreme caution, for any quick movement occasioned the skin to crack in various places, and besides the pain which this occasioned, a profusion of excoriating discharge speedily poured out from the fissures, spreading and extending the disease wherever it was suffered to remain. The thighs and legs looked like the stumps of decayed trees, (impetigo *scabida*,) and the feet were so much swollen as to compel him to wear large slippers.

Notwithstanding the apparent extent of the disease under which he laboured, the patient's general health and spirits were good, and it was decided that he should try the fumigating baths alone: of these he took one hundred and twenty-seven, almost in daily succession, and during the whole of the time took no other medicine but a cooling

aperient on three or four occasions. From the commencement of the treatment by means of the fume baths the patient was watched by several of his medical friends, some of whom had advised him not to commence it, whilst others said that as his case was incurable it would be useless to proceed. When he had taken the fume bath about forty times, however, the amendment was so evident, that all united in encouraging him to persevere. It is usual for the sulphur fumes to occasion, at first, some aggravation of the symptoms of most skin diseases. It is not the nature of this therapeutic agent to do good by palliating or soothing disease; on the contrary, it is by arousing the skin to new action, and overwhelming habitual derangement of function, under an excitement whose tendency is to subside into health, that it proves beneficial. The disease however in the present instance was of so ancient a date, and its chronic character so completely established, that from the first time of taking the fumigating bath to the last, it went on progressively amending. The disease had always been worst in the spring season; it continued during the summer and autumn, and on the approach of winter commonly subsided in a considerable degree, though it seldom or never quite disappeared, except on one occasion, when it vanished almost entirely for a period of four years, neither himself nor his medical friends being able to assign any cause for this remission of the complaint; the medicines which he had been taking when it disappeared were resumed on its return, but without benefit. With the exception of this respite then, the patient had gone on, better and worse, for the lengthened period of forty years, never evidently benefited by medicine, until the sulphur fume bath was tried, under the influence of which he at once felt relief, and ultimately recovered to all appearance entirely. The disposition to the disease indeed continued long; and for twelve successive years, during which I had an opportunity of watching the patient, he still continued to have occasional recurrences of his infirmity. During all this time, his main, his sole reliance was in the sulphur fume bath, to which he continued

to resort whenever he felt symptoms, or perceived a spot indicating the approach, of his ancient enemy. The year 1823, he got through without having much occasion for recurrence to the baths; though during the spring and summer of that year he did occasionally take one as a measure of security. The whole of 1824 he passed much in the same way, but had to visit the baths more frequently. In the June of 1825, he had a sharp accession of the disease, which began with heat and swelling about the ankles, followed by a crop of vesicles, which were either mixed with pustules or soon became pustular, the heads almost immediately containing yellow pus. These by and by ran together, and formed crusts or scabs of considerable thickness and extent, from under which an abundance of ichorous discharge continually issued. The general health of the patient did not suffer. He took the fume baths daily, and in ten days the malady seemed to have expended its virulence in the legs; but it now showed itself on the thighs, chest, and arms, and went through a similar process. By the end of the month the legs were already assuming their natural appearance, and the whole mass of pustules and vesicles became crusted; the profuseness of the ichorous discharge, which surpassed any thing of the kind I had ever witnessed, requiring several sheets many times folded each night to absorb it, also began to abate, the crusts by and by to be detached, and the parts last affected gradually to recover their proper and healthy look. The disease however had not yet exhausted itself, for the patient was now attacked with heat, small vesicles, and then pustules in the flexures of the groins, axillæ, and bends of the arms, from which the discharge was as profuse, considering the extent of surface which the disease occupied, as it had been from the other parts of the body.—He went on with the fumigations until the end of July, when the parts just mentioned got well. The disease next broke out behind the ears, and on the chin, where it followed much the same course as usual. All the other regions affected being now well or nearly so, the patient took the fume baths only every other day,

until the end of August, when he considered himself as again restored to health.

This patient having an extreme aversion to medicine, very little was taken during the progress of these attacks; a simple aperient, administered occasionally, was all he could be induced to take.

The years 1826, 1827, and 1828 were passed without much suffering, though not without occasional accessions of the disease, which the patient had learned to keep under by the frequent use of the fume baths. 1829 he passed at Paris, where he was copiously bled on account of inflammation of the kidneys, and took the medicines usually prescribed in such cases; and this year he escaped without any recurrence of his old disease, which always commenced with evident inflammation of some district of the skin, of severe character, for which however he had always resisted any proposal to bleed him. In April 1830, he was bled to twenty ounces; and this year he passed without much annoyance from the disease of the skin; he took a fume bath once a week during the whole of the ensuing winter, in hopes of conquering his disease altogether. Through 1831 and 1832, he lived in comparative comfort, though not without some appearances of the disease. The same may be said of the spring and summer of 1833; but in the autumn of this year, which he spent at Bath, from not confining himself to his customary regular habits, he had a severe accession of his disease for six weeks, until in London he could again resort to the fume baths, under the use of which he soon became well.

The history even of the leading features of this case has been long, but the details are interesting, and the results well calculated to show the value of sulphur fumigations in a case of the most inveterate description, which had lasted upwards of forty years, and had never been visibly ameliorated by any of the innumerable systems of treatment previously employed. I do not flatter myself that the disease was cured, or rather that the disposition to it was eradicated, by the means ultimately found so efficacious in controlling its progress. But

the remissions are now of such long continuance, and the attacks of such comparatively short duration, that I think it possible even the disposition may in the progress of years be subdued; meanwhile, at all events, life to this individual is made the blessing it ought always to be, at a very small cost of personal inconvenience.

Before concluding, I may just say that I had hesitated at first whether to give this case under the head of eczema *impetiginodes*, or of impetigo. The primary form of the eruption was certainly vesicular, but it passed so rapidly into the pustular state, and ultimately partook so completely of the characters of those diseases which are generally acknowledged to be impetiginous, that I have preferred placing it where it stands.

Case 2. A gentleman, nearly 60, of a gross, robust habit, applied to me, in the summer of 1832, on account of an eruption on the skin, from which he had suffered more or less during the last eight years. The eruption consisted of numerous small yellow pustules on the insteps, ankles, and lower parts of the legs, which were now much swollen, and encased with lamellar crusts,—impetigo *sparsa:* the hands and several parts of the trunk of the body were similarly affected. The patient's chief complaint arose from the itching, which was at times very annoying; otherwise he was in fair health, and went about his affairs, though it often required the exercise of considerable ingenuity to apply a sufficiency of rag in such a manner as to absorb the abundant sero-purulent discharge that issued from the parts affected with the disease. June 12th, the patient was bled to the amount of sixteen ounces, and was directed to take every morning four table spoonfuls of an aperient mixture consisting of infus. sennæ, ℥vi, tinct. ejusdem, ℥i, syr. rhamni ℥i. His diet was also regulated, and a sulphur fume bath administered daily.

The gross habit of this patient seemed to require bleeding and purging; otherwise the shining redness and heat of skin that attend impetigo should not deter from the use of sulphur fumigation, which, although apparently counterindicated, I

never knew otherwise than of the greatest use in this complaint: let the external appearances of inflammation be never so great, it is surprising how soon the discharge and redness begin to abate under the use of this application.

On the 30th, not a vestige of the disease was to be seen, except between the thumb and fore finger of each hand, where it had probably only been kept up, by the patient picking the parts with his nails; all itching had ceased, and for the week previous the opening mixture had been discontinued. The fume baths were also soon discontinued, as no longer needful; the patient appeared restored to perfect health.

To celebrate this redemption from his long continued and harassing complaint, my worthy patient gave a grand feast to his numerous friends, who were invited to rejoice with him on occasion of his happy recovery. Moderation is difficult in the moment of victory, and my patient committed an excess, which after twenty-four hours brought on an almost general attack of inflammation of the skin, followed by a copious eruption of pustules; so that he returned, depressed in spirits, to resume the former treatment. In the short space of eight days this active and general accession of disease was completely subdued, and all remedies were left off.

I have had an opportunity of frequently hearing of this patient: he has had no relapse of his disease worth naming; a few pustules on the hands are all he has seen of it since he was under my care. I have been rather surprised at this, for I know that his habits are such as are most commonly held to be inimical to complete recovery from chronic affections of the skin especially.

Case 3. Mrs. H. of Faversham, aged 74, was recommended to try the effects of sulphureous fumigation under my direction, by the medical gentlemen she had consulted in London, Dr. Gordon, and Sir Benj. C. Brodie, on account of an eruption of impetiginous pustules, extending over the whole surface of the body, except the face, the palms of the hands, and soles of the feet, under which she had laboured during the last four years. From the nape of the

neck and throat to the heels and insteps, the surface of this gentlewoman's body was generally inflamed and covered with small yellow-headed pustules and laminated incrustations, from under which a profusion of sero-purulent fluid was constantly pouring. The itching and general irritation of the surface were very distressing, so that the patient scarcely ever enjoyed an hour's quiet and uninterrupted sleep.

In spite of the apparently high state of inflammation, the sulphur fumigating bath was immediately entered; and with so happy an effect, that the succeeding night was tranquil, and a considerable portion of it passed in refreshing sleep. After the fourth bath the amendment was so great, that the patient, with a view of accelerating the cure still more, insisted upon taking two baths daily. In the short period of a fortnight, during which time Mrs. H. had taken twenty-two baths, not a vestige of this extensive disease was to be seen, and she returned into the country quite recovered.

These three cases of impetigo will be sufficient to show the great and beneficial influence of sulphur fumigations in this severe and, under other systems of management, intractable disease.

I have preferred detailing these cases to many others in my note book, because of their severity and long continuance, the last especially, (the case of Mrs. H.) as I learned that she had been recommended to me with a view of putting the merits of the system of sulphur fumigation to the test, and because not one dose of medicine of any description was taken during the course of the treatment. Mrs. H. has sent me several patients since her return home, and if she had had any relapse herself, I should certainly have seen or heard from her.

The whole of the complaints of the skin which are accompanied with discharges, I have always found much more readily influenced beneficially by the fumigating method of treatment, than those that are of a dry nature.

PORRIGO.

By porrigo I understand a pustular and contagious disease of the skin, which commonly affects the scalp, but occasionally appears on other regions of the body also. This affection assumes two principal forms : in the one, the pustules characteristic of the disease are distinct and disseminated ; in the other, they are confluent and collected into clusters, and ultimately into annular patches. In both varieties the pustules are *favi;* that is to say, small, rounded, pale yellow pustules, set, as it were, in a frame of epidermis, and containing a fluid, which almost immediately concretes into cup-shaped, straw coloured scabs ; these go on increasing in thickness for many days, and at length, by cohering, compose a thick, hard, greyish yellow coloured incrustation, the surface of which presents a congeries of cup-shaped cavities like the sealed cells of a honey-comb ; this character however is frequently lost.

Under the head of porrigo, Willan, and those who have followed him, describe six different affections : porrigo *larvalis*, por. *favosa*, por. *furfurans*, por. *decalvans*, por. *lupinosa*, por. *scutulata*.

I have already had occasion to speak of two of these affections, porrigo *larvalis* and porrigo *favosa*, as species of another pustular eruption—impetigo, of which they are undoubtedly varieties. Porrigo *furfurans* may generally either be referred to one of the squamous affections,—pityriasis, or be discovered to be an eczema or impetigo of the scalp. Porrigo *decalvans* is a title that does not seem chosen with Willan's usual felicity ; an effect of numerous diseases of the scalp being here assumed, as characteristic of a particular species. The state of baldness is a consequence of some affection of the bulbs which secrete the hair, and porrigo is only one of the forms of inflammation that attacks these organs, and either temporarily suspends or entirely destroys their functions. Finally, porrigo *lupinosa*, which I shall treat of under the title *favosa*,

and porrigo *scutulata*, stand apart, and are distinguished from the whole of the other diseases which have been described under this name, in the circumstances of their common contagious nature, and the form of their pustules and primary incrustations.

PORRIGO FAVOSA. (LUPINOSA, WILLAN.)

Porrigo *favosa* most commonly appears on the hairy scalp, in the shape, when first observed, of an eruption of very minute pale yellow pustules, surrounded by an inflammatory blush, which do not rise above the level of the skin, and are accompanied during their development with an intense degree of pruritus. These pustules, in the first instance, are mostly isolated, although they are occasionally so crowded as to form something like a continuous punctuated surface. They appear to be set within a rim of the cuticle, and, almost from the moment of their formation, may be seen either by the naked eye, or with the help of a magnifier, to be depressed or cupped on their surface. Their contents are at first fluid, but very speedily harden into scabs of the same form as the primary pustules, and of a bright yellow colour; these scabs increase slowly in size, the cupping of the surface becoming more and more apparent, till they attain a diameter of two or three lines, whence the epithet, *lupinosa*, of Willan, and some of them have even been seen which measured more than an inch across. When the pustules have been crowded, the scabs blend and become united on their edges, so as to form a continuous incrustation, of very considerable extent, upon the surface of which the foveæ or depressions, indicative of the nature of the original pustules, may still be distinguished.

Whilst the scabs of porrigo *favosa* are somewhat recent, they are of a clear brownish yellow colour; when older, they split in all directions, and fall at length into a pale yellowish powder. They adhere very firmly to the skin, and can scarcely be removed in the dry state, without being followed by a little bleeding. When they are detached by means of

emollient poultices and fomentations, the parts to which they adhered present appearances characteristic of the disease: small, superficial, rounded excoriations appear in the situations of the several scabs, and when these have been somewhat crowded, without being actually confluent, the surface presents a honey-comb appearance. The corion is denuded and inflamed, but not ulcerated; it pours out a yellowish viscid fluid, which soon concretes into a rough laminated incrustation, without any of the characteristic favi of the primary scabs: each cup-shaped scab that makes its appearance, is due to the development of a fresh pustule; and it is in this way that the disease is continued in the chronic and inveterate state for so long a period, one crop of pustules being succeeded by another, till the disease either ends of itself, or yields to the remedies employed for its cure.

The hair falls off, or may be pulled out by the roots, from the very commencement of the disease; and in case the affection has continued very long in a chronic state, is never reproduced. The patches that are thus rendered bald, are white, smooth, and shining. When the disease has been arrested, however, the hair grows again, though it is always thin and woolly at first, and generally continues lighter in colour than it was before. These circumstances tend to show, that however seriously the secreting bulbs of the hair become affected at last, they are not the primary seat of the disease.

The loss of the hair is not the only or ultimate evil attendant upon inveterate chronic porrigo *favosa* of the scalp. The whole substance of the corion is indurated and altered; the subjacent cellular membrane inflames, and sometimes contains small abscesses; finally, in the most severe cases, the inflammation extends even to the periosteum and bones, which undergo alterations greater or less in amount. When the disease has gone thus far, it is possible that it may be attended with the consequences which have been attributed to it, namely, a certain hebetude of intellect, and an approach to idiocy in the unfortunate children who are its victims. But neither porrigo *favosa* nor porrigo *scutulata* have in them-

selves any particular or specific deteriorating influence upon the brain and nervous system. The fact is, that children who labour under these diseases are looked upon with a kind of loathing, as lepers were of old, by interested pedagogues, and shunned, neglected, and untutored, it is no wonder that they fall behind the youth of their age in acquirement, and even appear deficient in that vivacity and quickness of apprehension which belong so essentially to childhood.

Porrigo *favosa* appears occasionally on other regions of the body besides the scalp. It is not, however, nearly so disgusting and rebellious a disease under these circumstances, as when it affects the integument of the head.

It is a remarkable fact, that although porrigo *favosa* spreads rapidly among children who are much together, who sleep in the same bed, make use of the same hair-brush, comb, towel, &c. yet that attempts to inoculate the disease directly, very frequently fail. The disease attacks individuals of all ages; but children between the ages of six and ten seem particularly obnoxious to the infection. It is not always possible, even in the first instance that occurs, to trace the disease to any of the peculiar circumstances—such as neglect of proper cleanliness, insufficient or improper food, residence in low, damp situations, a scrofulous or lymphatic habit of body, &c. which have been indicated as its occasional causes. Its progress afterwards is in general evidently enough due to contagion, and then children of weakly and the most robust constitutions are indiscriminately affected.

Porrigo *favosa* is easily distinguished from every other pustular affection, by the peculiar appearance of its pustules and incrustations. Except porrigo *scutulata*, in fact, no other disease of the skin is characterized by minute yellow pustules, whose contents concrete, almost as soon as they are visible, into little cup-shaped, hard, and extremely dry yellow scabs. When the incrustations are older they split into pieces, and often hang among the hair like the crusts of impetigo *granulata;* but the absence of discharge, and the loss of the hair, always distinguish the porrigo from the impetiginous affection.

Porrigo *favosa* is always an obstinate disease, and only yields reluctantly to the best directed curative means, long and sedulously enforced. The disease, indeed, may often be seen continuing for months, and even for years, after the whole of these have been exhausted, and only getting well at last, apparently after exhausting itself, under the employment of some insignificant and inert application.

As in all obstinate diseases, an infinity of remedies and remedial measures have been proposed as sovereign and infallible in porrigo of the scalp. The disease is in general so purely local in its nature, that we have not a great number of internal medicines to discuss. Nor indeed do I feel greatly inclined to notice particularly more than a very small number of the host of external applications that have been vaunted, either as occasionally or as uniformly successful in this rebellious affection.

Experience would seem to warrant the greatest confidence being reposed in that system of treatment which makes the eradication of the hair from the affected regions, its first and most essential measure. This used to be accomplished in a very barbarous way, in former times, by means of the pitch cap, which tore out not the loosened and diseased hairs only, but those also that were healthy and that needed not avulsion. More lately it has been proposed to remove the hairs from the affected bulbs, with a pair of tweezers contrived for the purpose. But this is a tardy process, and one by no means free from objection; for it is still attended with acute pain; so many adhering hairs mingling with such as are loose, that it is next to impossible to avoid seizing the one in attempting to take away the other. The latest experience has shown that the process of depilation might be accomplished much more effectually, and without the infliction of any pain, by the use of alkaline applications, and the small-tooth comb, passed lightly, but repeatedly once or twice every day, through the hair of the affected regions, cut of a convenient length.

The first step to be taken then, in the treatment of porrigo *favosa*, is to cleanse the scalp completely, and to free its sur-

face from incrustations. Nothing must be attempted violently or hurriedly in this disease; on the contrary, the hair must be clipped with scissars, and left about a couple of inches in length, not shaved off with a razor, and the affected parts are to be very long bathed with tepid milk and water, or tepid water made milky by the addition of a small quantity of white soap, and then covered with a soft bread and water poultice for eight or ten hours, when the bathing is to be repeated, and the poultice reapplied; and this is to be done for two or three days in succession, or till every vestige of incrustation is removed. When this is accomplished, the poultices may be left off, and a little hog's lard and subcarbonate of potash, in the proportion of an ounce of the former to a dram of the latter, rubbed gently over the parts, night and morning, these having been previously bathed with a weak alkaline wash, composed of from one to two drams of the subcarbonate of potash or soda, to each pint of tepid water.

These measures continued uninterruptedly for a time will generally be found to produce a manifest improvement in the state of the disease. When the simple alkaline wash appears to lose its efficacy, it may be replaced by a lotion of the sulphuret of potash, compounded as under,* or by a weak solution of the chloride of lime or soda.

Should the abraded surfaces show symptoms of irritability at any time, a weak metallic solution, as of eight or ten grains of sulphate of zinc or of copper, to the ounce of water, or, better than either of these, of the nitrate of silver in rather smaller proportions may be used with the best effects. When the whole of the disease consists in a few pustules only scattered here and there, these may be touched individually with the nitrate of silver in substance, or one or other of the mineral acids may be employed for this purpose.

Most of the unguents that have been recommended in porrigo, seem to exert very little influence over the disease. They are all inferior to the one already mentioned, of the subcar-

* ℞. Potass. sulphuret. ʒii. sapon. alb. ʒiiß, aq. calcis, ℥vii. alcohol. rectif. ʒi.

bonate of potash or soda. When the parts have become habituated to the action of this, however, the unguentum nitratis hydrargyri, properly diluted with hog's lard, may be advantageously substituted for it, for a season. Very recently, an ointment of the ioduret of sulphur, in the proportion of from a scruple to a dram of the compound, to an ounce of lard, has been introduced to public notice, upon very high authority.* This unguent is said to modify the affected parts in the most favourable manner, to prevent the formation of fresh pustules, and to cause the hair to be reproduced exactly of the same strength and colour as it was before. The successive application of small blisters first on one arm and then on the other, is said to be often attended with great advantage in this disease.

Whilst these various remedies are tried in succession, the most unremitting attention is to be paid to the ablution of the parts, and to the removal of incrustations and dead hair. This, indeed, is the sheet anchor in the treatment of porrigo. In ninety-nine cases in a hundred, the disease will yield within three months to any plan of treatment adopted where this forms the principal feature, whilst every plan that can be pursued will fail nearly in the same proportion where it is neglected.

I have said nothing of internal medicines, nor am I aware that remedies of this class have ever been much insisted on in cases of porrigo *favosa*. The occasional exhibition of a gentle aperient will, however, be found to aid the action of the topical applications; and, generally speaking, more than this will not be necessary. Should there be any concurrent affection of the chylopoietic viscera, it would of course be essential to endeavour by appropriate dietetic and alterative measures, to rectify what was amiss. Although I am far from thinking that every disease of the skin is owing to some obscure and undefinable affection of the stomach and bowels,

* M. Biett. Vide Cazenave and Schedel, Abrégé Practique, &c. 2nd Ed. p. 266.

I am too well satisfied of the extensive influence exercised by these organs over every part of the animal organism, and particularly the skin, to neglect for a moment any evident derangement of their functions.

PORRIGO SCUTULATA, RINGWORM.

I might have spoken of this disease under the same head as the last, for the one is in reality no more than a variety of the other; the favous pustules, characteristic of each, being disseminated in the porrigo *favosa*, and collected into clusters, and ultimately assuming the form of rings, in porrigo *scutulata*, whence the vulgar title of the affection, ringworm.

Porrigo *scutulata* may be considered as a disease essentially belonging to the scalp; it does, indeed, occasionally make its appearance on other regions, but on these it is in the first place very rare, and in the next has little in common with the affection of the scalp, save the primary form of the eruption.

The disease begins in the shape of one or more circular red patches attended with intense pruritus, upon which numerous minute yellow pustular points level with the skin make their appearance. These pustules are every where very much crowded, but more especially so in the circumference of the patches. The pustules severally have precisely the characters already described, as belonging to those of porrigo *favosa:* they are small, circular, set within a rim of cuticle, depressed on the surface, and almost uniformly traversed by a hair. The fluid within them dries up very soon after it is poured out, into a minute cupped scab, which adheres by its edges to those in its immediate neighbourhood, and a continuous incrustation is thus produced of the form and dimensions of the original pustular patch. The crusts in porrigo *scutulata*, however, do not usually continue long adherent, nor, indeed, does the primary patch long retain its first dimensions; for successive eruptions of pustules in its circumference

speedily enlarge its diameter, and the crusts falling out of their cells in the central parts, the integument there becomes dry and subject to an habitual desquamation.

As in porrigo *favosa*, the hair in this form of the disease soon looks altered, becomes thin, and is then lost, so that the circular patches are all but bald, the few hairs that still sprout from their surface being crisp, woolly, and readily detached. When the disease has continued long, even this imperfect hair is no longer produced, and it may happen that the hair bulbs are so deeply affected as to be incapable, when the disease is cured, of resuming their functions, in which case irremediable baldness is the consequence.

It generally happens that several patches appear in succession on different parts of the scalp in this disease, probably from inoculation performed by the fingers of the patient in scratching. These extend till they are one, two, three, and even more inches in diameter, and frequently meet by their corresponding edges, so that the entire surface of the scalp and even parts of the forehead and cheeks are occasionally covered by the disease, the nature of which may however be discovered at every stage by the arcs of circles which appear in its circumference, when there are several distinct patches of porrigo *scutulata*.

On the scalp, at the same time, the intervening portions of integument are always affected, to a greater or less extent, with a furfuraceous desquamation.

When porrigo *scutulata* has been entirely neglected, the parts affected are found covered with a dry and friable incrustation of a greyish yellow colour, which is continually breaking off in dust or in small pieces, like pulverulent and dirty mortar. All trace of the cupped appearance of the primary pustules is then lost. In these cases the disease may very frequently be studied in its various stages at the same time: the patches are of a bright red in their circumference; at a short distance from the edge, small yellow pustules are discovered in greater or smaller numbers; farther in, crusts of various thickness are encountered, and finally a white and shining space here

and there meets the eye in the midst of the affected surfaces, which are entirely bald,—porrigo *decalvans*, Willan. The parts affected in this way sometimes continue bald through life; more commonly, however, they subsequently become covered with hair, though this very frequently remains lighter than the rest ever after.

Porrigo *scutulata* may thus continue during an indefinite period of time. The disease does undoubtedly, and indeed is too frequently abandoned to get well of itself, but this only happens after it has continued for months, and even for years. It is a very obstinate disease then, and never yields readily to any form of remedial administration, so that between the want of perseverance on the part of practitioners, and the anxiety of teachers to get rid of the children affected with *ringworm*, lest they should contaminate others, it is generally looked upon as an opprobrium not only to the surgeon, but to the unfortunate child who is affected with the disease.

Porrigo *scutulata* is a contagious disease, and spreads rapidly among children who make use of the same comb, hair-brush, towel, &c. The disease also arises spontaneously among children, between the age of two and ten especially.

So many peculiar characters distinguish porrigo *scutulata* from other diseases of the scalp,—the form of its pustules and their circular arrangement, the appearance of its incrustations, the baldness it occasions, and its contagious properties, that there seems little danger of confounding it long with any other affection of the skin. From porrigo *favosa* it is distinguished by the clustering of its pustules, and the regular annular arrangement they assume. Impetigo *figurata* affecting the scalp, is distinguished by the greater degree of inflammation surrounding the pustules, which are slightly raised, and contain a fluid which only dries into a scab very gradually, &c. From herpes *circinnatus* and the patches of lepra on the road to recovery, porrigo *scutulata* may always be discriminated without difficulty, by watching the progress of these diseases for a while, as well as from the particulars of their previous history.

In regard to the treatment of porrigo *scutulata*, I have little to add to what has already been said under the head of porrigo *favosa*. In the earlier stages of the disease, antiphlogistics and emollients, and the eventual application of some slight stimulant, such as the citrine ointment, will frequently bring the disease to a happy termination. When it has been neglected, or when, in spite of the remedial measures which have been pursued, porrigo *scutulata* runs on into the chronic and inveterate state, precisely the same system of treatment must be adopted which has been recommended in porrigo *favosa;* to the treatment of which disease, therefore, I beg to refer, to save needless repetition in this place.

ACNE, GUTTA-ROSEA, OR ROSACEA.

Acne is a chronic pustular affection of the skin, characterized by a deep seated and very indolent inflammation of the tissues immediately surrounding the sebaceous follicles, or of these follicles themselves; followed by small isolated pustules supported on a deep red base, which, besides a quantity of sero-purulent fluid, usually contain a slender mass of sebaceous matter, and are succeeded by small circumscribed livid red and indolent tumours, that disappear with extreme slowness, leaving indelible but very minute cicatrices behind them.

Three principal varieties of this disease have been described by the two great dermato-pathologists of recent times, Willan and Bateman. The simplest and commonest form—acne *simplex*, attacks young persons, more especially about the age of puberty; in both sexes it is very common to see the sides of the face, the forehead, shoulders, and upper parts of the bosom and back, become the seat of an eruption possessing the characters which have been described, and producing a kind of deformity which individuals at this age of all others are ever most anxious to escape. In acne *simplex* the pustules generally appear in successive crops, on various parts, and in various numbers at the same time. Each particular pus-

tule runs its course independently of the others. When close attention is paid to the progress of the eruption, each particular spot may be detected at first as a deepish indurated point, and whilst there is still, if any, but a very slight degree of surrounding inflammation. The point enlarges, the skin over and around it becomes red, and at length something like a pale yellow head is perceived; this gives way by and by, and a small quantity of sero-purulent fluid escapes, which, hardening into a scab of the most flimsy description, adheres for a few days and is then brushed off by the friction of the clothes, leaving a small hard induration of a dark or slightly livid red colour behind it. This induration is only resolved very slowly, but its tendency is towards resolution; and when it is at length entirely dispersed, a small glistening white cicatrix is discovered in its place.

The pustules of the disease, as it has now been described, are evolved almost without pain, and are frequently seen intermixed with a considerable number of circular black points: these indicate the external orifices of so many follicles, filled with concrete sebaceous matter, which, in all probability, will by and by become affected with inflammation, and add to the extent of the disease. This view of the particular appearance in question, makes the fourth of the different species of acne described by Bateman,—acne *punctata*, unnecessary.

When the inflammation extends more widely around the particular sebaceous follicle affected, or when several follicles in the immediate vicinity of each other are simultaneously implicated, a larger and more indolent elevation appears than in the form of acne just described, in which suppuration is very tardy in taking place, and in which, indeed, it often happens that no matter ever makes its way to the surface. The disease, in this shape, is denominated acne *indurata*. It is frequently very trifling in extent, being confined to a few pustules or indurations on the temples, sides of the face, or forehead. The progress of the disease is always very slow; the matter of the pustules seldom makes its way to the surface in less than from two to three weeks. The base of the

pustule afterwards remains hard, indolent, of a more or less dusky red hue, and, as the cellular membrane then participates to some extent in the disease, forms an induration of such magnitude, as without attention to other antecedent circumstances would lead to the conclusion, along with Willan and Bateman, that the disease was tuberculous in its nature.

Instead of consisting of but a few scattered pustules and indurations, acne *indurata* frequently appears with symptoms of much greater severity. The whole face, for instance, may become covered with the eruption ; the pustules, supported on broad, livid, and indurated bases, being crowded together and mingled with numerous black sebaceous points, the skin in every part hypertrophied and unctuous, and all the features distorted in the most unseemly manner. The disease in this aggravated form very frequently attacks the shoulders, and there particularly is apt to leave indelible traces of its presence in the shape of small oblong cicatrices.

Acne *indurata*, like acne *simplex*, very generally attacks youthful subjects, otherwise in the enjoyment of excellent health.

The third variety of acne, on the contrary, rather occurs among individuals who have attained, or have even passed the meridian of life ; and instead of attacking such an extent of parts as either of the species described, is confined almost exclusively to the face, and often to the nose and portions of the cheeks near this member: this is the acne *rosacea*, or gutta rosea. In acne *rosacea*, the point of the nose is generally first observed to become unusally red after meals, or upon occasion of exposure to the stimulus of a high temperature, a few glasses of wine, &c. This redness by degrees becomes habitual, the veins of the part enlarge, and at length a few small yellow pustules make their appearance in the midst of the inflamed surface, and by their presence seem to add to the irritation, for the skin around them very commonly gets thickened and hypertrophied, and begins to look greasy and rough on the surface. The disease extends gradually from the nose to the cheeks, and may spread successively to the

chin, forehead, and indeed to every part of the face, which then acquires a very fiery and characteristic appearance, being of a general vivid red colour, studded here and there with bright yellow points and indurated masses of a dark red hue, over and between which numerous tortuous and dark blue veins are to be seen meandering in different directions. The suppurative process in acne *rosacea* is never more decided than it is in the simple and indurated varieties of the disease; in all it is a tardy and imperfect effort, and forms no true crisis or termination to the disease. Acne *rosacea* always produces a certain amount of deformity. Even when the disease gets well, it is seldom that the features recover their pristine form completely; they almost always remain thickened, and show traces of its presence in the shape of roughnesses, inequalities, and cicatrices of greater or less extent.

The causes of acne, as of most other cutaneous diseases, are buried in the greatest obscurity. The two varieties first described appear at a particular period of life; but what connexion there should be betwixt the establishment of certain new capacities in the economy, and an inflammatory affection of an unpleasant nature of the sebaceous follicles of the skin, is not very evident. In one case I have known a few pustules of acne *indurata* very constantly follow indulgence in particular articles of food, especially cheese. The connection of acne *rosacea* with certain intemperate habits, is a more conspicuous and generally admitted circumstance; but as intemperate habits are by no means invariably followed by rosacea, neither is rosacea necessarily and in every case owing to indulgence of the animal appetites of eating and drinking: individuals of the most moderate and even abstemious habits, do not always escape the attacks of this disease; so that the vulgar, although perhaps generally, are not uniformly right in setting down, as a dram-drinker, the he or she who has the misfortune to have a fiery nose, and pimply cheeks.

Acne is a disease which there is generally little difficulty in distinguishing at once from every other affection of the skin.

The pustules of ecthyma, to which it has been supposed to bear some resemblance, are much broader, covered with such thick and adherent scales as are never seen in acne, and followed by no tuberculated indurations, as this disease is constantly. In acne no such continuous and laminated incrustations are ever seen as follow impetiginous eruptions. The tuberculations of syphilitic origin which occur on the face, are generally ulcerated on the summits, and are always surrounded by a copper coloured areola, at least, if they are not themselves very decidedly tinted with the same peculiar hue.

Acne *simplex* is rarely a disease of great consequence; it tends naturally to a termination as the period of manhood is approached, and usually disappears in a great measure when this state is attained. Acne *indurata* is a higher degree and more rebellious form of the disease, and often continues to harass individuals, more or less, through the whole course of their lives. It frequently proves, indeed, a prelude to the third and most serious species of acne, namely the rosacea, which is always an obstinate and in many cases an incurable disorder.

Acne is not often seen at an age when debility can be suspected, or among subjects who can very properly be held to be weakly in constitution: the very name of the disease (from ἀκμὴ, *vigor*,) is calculated to assure us on this head. The treatment of the disease therefore may be the more freely conducted on the antiphlogistic system. The individual affected should live temperately and abstemiously, giving up the use of wine, strong beer, spirits, coffee, and stimulants of every description, and heavy meals of animal food. He should keep the bowels open, with a little of any of the common neutral aperient salts taken from time to time, and should avoid fatigue of mind as well as of body, exposure to a burning sun, to hot rooms, &c. If the eruption is copious, and causes much disfigurement, a bleeding may be practised from the arm, and a number of leeches applied repeatedly behind the ears, with the greatest advantage. A stimulating wash should at the same time be regularly used to the parts affected, twice or three

times a day. A mixture of an ounce or two of alcohol, to eight ounces of rose water, may be tried at first. A more powerful application is made by adding six or eight grains of corrosive sublimate to this mixture. The Gowland's lotion, which has so long enjoyed an extensive reputation in this malady, consists of an alcoholic solution of corrosive sublimate diluted with an emulsion of almonds, and it really is an excellent wash.

When the pustules in the acne *indurata* have not been very numerous, but attained a large size and became very unsightly when they were allowed to run their indolent course, I have long been in the habit of pushing a fine lancet down to the collection of sebaceous matter and purulent fluid the moment its seat was indicated by a hard point and an increase of redness in the skin, and pressing out its contents forcibly; and this always with the effect of cutting short the progress of the particular pustule so treated. The operation is not very painful, and all traces of it disappear within four and twenty hours. I have known many individuals continue this practice themselves, and thus escape the annoyance of constantly bearing about upon their faces five or six livid and unseemly whelks. Bathing the pustules in their nascent state with water as hot as it can be borne, is another and frequently effectual way of arresting them in their career, and dispersing the hardness around them. The same thing may also, in many cases, be accomplished by rubbing the parts affected with a compound of calomel, sal ammoniac, and hog's lard, or better still with an ointment of the ioduret of sulphur. A small quantity of either of these unguents is to be rubbed over the indurations night and morning with the point of the finger.

More active agents still are occasionally employed to modify the state of the parts affected with acne. A certain extent of surface may be wetted and rubbed over with the nitrate of silver, or very lightly brushed with one of the concentrated mineral acids, often with the happiest effects. These powerful escharotics of course require to be used with

great discretion, lest their action extend too deeply, and cicatrices, productive of more deformity than the disease itself, follow their application. The application of a blister is another powerful means of changing the morbid action of the skin, when affected with acne; and provided the surfaces covered at a time be not too extensive, the remedy is quite free from danger.

The hot air and vapour bath are most powerful auxiliaries in the treatment of acne, much more efficacious indeed than the vapour douches to the face and other districts immediately affected, which have been so much more commonly recommended. The excitement of the surface of the body at large produced by these means, is most influential in checking and changing the current of diseased action in any particular district of the integuments. Bathing in one of the natural sulphurous waters, as of Harrowgate, Bath, Leamington, &c. is very often prescribed in this complaint, but not always with very evidently beneficial consequences.

When by the persevering use of any means acne has yielded at length, it is always advisable, as a precautionary measure against the return of the disease, to continue a weak spirituous lotion, or a wash of the sulphuret of potash, to the parts which have been affected, for some weeks or even months after all traces of the disease have disappeared.

In addition to these various means, the local abstraction of blood is frequently of the greatest service in cases of acne *rosacea*. The application of a few leeches from time to time, around the regions that are particularly affected, will generally be found productive of much benefit. In this variety of the disease, dietetic means and strict attention to the manner in which each function of the economy is performed are of the most indispensable importance, and often constitute the main features in the treatment; without strict adherence to an unstimulating regimen and a tranquil mode of life, little good will be done by the most skilful combination of purely medicinal means.

MENTAGRA, OR SYCOSIS.

Mentagra is a pustular affection, so denominated from occurring most commonly on the chin, although the disease is by no means confined to this part, but attacks every district of the face which is occupied by the beard.

A bad attack of mentagra is very generally preceded by many minor eruptions of a few pustules on the upper lip, among the whiskers, or in the submaxillary region. These are attended with a considerable degree of tension, unpleasant itching, and even pain. In the course of a few days they shrink, and are covered with thin crusts which fall off in a few days more, and attract no further attention.

When the eruption is more copious, it is preceded by redness and a feeling of tension, heat, and pruritus in the parts which are about to be affected. A number of points of a brighter red are next perceived in variable quantities, disseminated over the generally inflamed surface; these points in the course of a day or two more, become distinctly pustular, the pustules being acuminated, and containing a yellowish fluid which exudes when they are punctured. The pustules of mentagra are small, generally traversed by a hair, and severally surrounded with a hard, round, tuberculated base, so that when they are crowded together, the whole of the integument affected looks very much thickened, completely mamillated on its surface, and the inflammation then extending to the subcutaneous cellular tissue, a considerable degree of deformity ensues. When the pustules of mentagra in this crowded state burst, the indurated masses that surround them are frequently observed to be moistened on their surface by the matter that exudes from their interior, and have been supposed to offer some resemblance to a small moist fig, whence the other title of the disease,—*sycosis*. When the inflammation runs high, the piliferous bulbs are always more or less affected, but seldom or never permanently destroyed; for though the beard be entirely lost over a patch even of some

extent, as soon as the disease subsides it reappears, and speedily regains its original characters in regard to strength, colour, &c.

Were mentagra to consist of one eruption only, the disease would speedily be at an end; but chronicity is one of its most essential characters: and even before one crop of pustules has half run its course, another is in the course of springing up on the peripheries of the older pustules, as well as on parts yet unaffected, till the whole surface of the regions implicated presents a confused mixture of nascent spots, ripe pustules, crusts, and moist tuberculations, of the most unseemly aspect.

Mentagra is a disease of the prime of life, and very commonly makes its attacks in the spring; it frequently gets well spontaneously with the progress of years, individuals who have once been severely affected by it suffering less and less from its effects every season, until at length it ceases entirely. The causes of the disease, or what the peculiar states of constitution may be which lead to its origination, are quite unknown to us. It has never been suspected to be contagious. It attacks individuals in every grade of society, and exercising every variety of profession and handicraft. It is said however to be more particularly frequent among those whose faces are habitually exposed to strong heats, such as founders, cooks, smiths, &c. The disease is almost peculiar to men; if it does occur among women it is always confounded with rosacea.—Is not the disease another and severe form of acne? I am very much inclined to believe it is.

The pustules of mentagra differ from those of ecthyma in their smaller size, being seldom seen larger than a millet seed, in becoming covered with thin flimsy crusts, instead of thick, hard, and adhering scabs, and in leaving indurated tuberculations behind them, which ecthyma never does. The eruption of impetigo *figurata* is clustered, not scattered, and not acuminated like that of mentagra; its progress is also more rapid, its accompanying symptoms more acute in their character, and its incrustations much more extensive, thicker,

and more continuous than they are ever observed to be in sycosis. The impetigo, moreover, is not followed by lobulated tuberculations like mentagra when severe. Pustules of syphilitic origin are seldom evolved on the chin, or on districts of the face covered with beard, like mentagra. They are also flat, not acuminated, they are supported on copper-coloured bases, and are evolved without any of the pain and excitement that so constantly accompany mentagra. When syphilitic eruptions of the face have passed into the tubercular state, they are at first sight perhaps more apt to be confounded with mentagra; but if it be borne in mind that the cutaneous eruption is only a very small part of the disease in syphilitic cases, that numerous other local and constitutional symptoms constantly attend it from first to last, there will be little danger of making a mistake in regard to the diagnosis.

Mentagra when once fairly established is always an obstinate disease, in some forms one of the most rebellious of all the inflammatory affections of the skin. It is quite free from danger however, and does generally under the influence of time and the regular and persevering employment of therapeutic means yield at length, without causing any deformity.

The same general mode of treatment, which has been laid down as proper for acne, is applicable in mentagra. In a youthful and robust individual, a bleeding may be practised from the arm as a preliminary and very efficient measure; and this should be followed up by the repeated application of leeches in the vicinity, but beyond the limits, of the disease, the parts immediately affected being at the same time regularly bathed two or three times a day with some soothing decoction, as thin gruel, bran water, poppy-head water, &c. The diet must at the same time be regulated, stimulating articles of food and drink being interdicted, and the habitual use of some mild diluent prescribed. The bowels in this disease should be kept open, but purging is neither necessary nor conducive to its cure.

So long as the disease shows any signs of activity, these

measures will be found most conducive to recovery. When it has merged into the chronic state and the tubercles are large and indolent, the parts affected will generally bear stimulating by means of the vapour douche, and the inunction night and morning of one of the ointments recommended in acne. In this posture of affairs too, the decoction of sarsaparilla, combined with minute doses of the muriate (bi-chlorate) of mercury, is often found of service. Chalybeates have also been successfully prescribed under similar circumstances. In very obstinate cases of mentagra, the application of the same powerful topical stimulants, which have been mentioned in connexion with acne, may be cautiously tried. Mentagra is a more excitable disease than acne, however, and this practice must be resorted to even timidly, and its effects watched with the greatest attention. During the whole course of the disease the razor must be laid aside, the beard being meanwhile clipped short with a pair of flat, curved, and fine scissors.

PAPULÆ.

The diseases included in this natural order are characterized by an eruption of *papulæ*, or small, firm, and solid elevations of the skin, the development and progress of which are attended with much and often severe itching, and which terminate in resolution and furfuraceous desquamation.

Papular diseases affect, for the most part, the chronic type, though one or two of them do occasionally occur as acute affections, and they continue from a period of a few weeks to one of many months, and even of several years. There is no region of the body upon which they do not occasionally occur, and they frequently affect districts very remote from each other at the same time. On the extremities, the eruption very uniformly occurs on the outer aspects of the limbs, and in the line of extension.

The pruritus which attends every form of papular disease, is one of the most characteristic features of the group. The papulæ are frequently to be detected rather with the finger than by the eye; for even in the severest forms they are often of the same colour precisely as the integuments upon which they are evolved. In other species of the group, again, the papulæ are paler, and in another redder, than the general tint of the skin.

The papular diseases belong to no particular period of life; infants at the breast are the usual subjects of one species, and the aged of another form of papular eruption. They are not always, nor even generally, attended with any very evident general constitutional disturbance; although infants, when labouring under them, commonly show something like irritation of the stomach and bowels. The pruriginous papular affection, of which persons advanced in life are the ordinary victims, is frequently to be traced to privation and neglect of

personal cleanliness. None of the papular diseases are contagious.

In themselves the papular diseases are not dangerous affections. Some of them yield readily to very simple measures, others continue in spite of every mode of treatment that can be imagined, and render life a misery.

Three principal forms of papular inflammation have been reckoned, Strophulus, Lichen, and Prurigo. The two first might very well be assimilated, and described as mere varieties of the same affection, modified by the different ages of those who are its subjects.

STROPHULUS.

Strophulus is a papular eruption, as familiarly known to mothers and nurses as to the physician, under the name of red gum, white gum, and tooth-rash. It occurs very frequently in infants at the breast, and during the period of teething, and is distinguished by an eruption of itchy papulæ of different dimensions, red in one case, white in another, which appears upon the face and extremities, which occasionally dies off and returns intermittingly, and ends in resolution, which is followed by a trifling degree of furfuraceous desquamation.

This eruption presents considerable diversity in its appearance; the papulæ are sometimes very prominent, of a vivid red, scattered over different regions, and mingled with erythematous patches of various dimensions, and then they are apt to prove capricious and evanescent,—strophulus *intertinctus*. At other times, the papulæ, though prominent, are white, and only surrounded by a faint reddish blush, in which case they frequently prove pretty steady,—strophulus *albidus*. When the papulæ have this white colour, but are of unusually large dimensions, and evolved in scanty numbers, far remote from each other, and without surrounding inflammation, the disease has been denominated strophulus *candidus*. When

the opposite of this state obtains, and the papulæ are very much crowded together or confluent, which they often are, the eruption is entitled strophulus *confertus*. Lastly, when the eruption is evolved in little circular clusters, as occasionally happens, each consisting of six, eight, or ten papulæ, it is named strophulus *volaticus*.

Two or three, and even the whole, of these various forms of strophulus are frequently to be observed affecting the same child. The eruption in all its stages is evidently attended with a great degree of itchiness. It almost always appears in successive crops; as one is dying off another is appearing, and the disease may in this way be protracted during several weeks, although each particular crop runs its course within a very few days.

Strophulus is not very apt to be mistaken for any other disease, save some of the varieties of one that will be immediately described,—lichen, from which it differs in no essential particular, a circumstance that might warrant us in discussing the two diseases under one and the same head. Strophulus affects infants, lichen youthful subjects and adults. Strophulus is more remarkable for its intermissions and periods of exacerbation than lichen. Strophulus is also essentially a milder disease than lichen, and never terminates in the excoriations which seem the natural tendency of the latter in an aggravated shape. The papulæ of strophulus differ from those of prurigo in being either redder or whiter than the integument at large. Strophulus is also a disease of infancy, prurigo one of maturity, or even of the decline of life. The solidity of the papulæ, and the absence of exudation and of incrustation, distinguish strophulus from any of the vesicular or pustular complaints.

Strophulus, in itself, is never a disease of any severity; it is only sometimes of consequence in warning us of the existence of a state of irritation of the mucous membrane of the stomach and intestines, to which the principal attention must then be paid.

The treatment of this disease is soon discussed: the infant

must be laid cool, and may be put into a tepid bath of plain water, of milk and water, or of decoction of bran every day. It must also be restricted in the quantity of milk it takes for some days, and, if any medicine be thought necessary, a few grains of magnesia will generally be found sufficient to move the bowels, should they be confined; should they be relaxed, however, a couple of tea-spoonfuls of gum water may be given three times a day, with more propriety. The irritation upon which the eruption depends, is mostly transient in its nature, and as it passes off the cutaneous affection disappears.

LICHEN.

Lichen is the title given to an inflammatory affection of the skin, distinguished by an eruption of minute itchy papulæ, very red in one case, little different from the colour of the skin in another, either scattered, or, as much more generally happens, collected into clusters, and dispersed over different regions of the body. This eruption commonly terminates in a furfuraceous desquamation, but frequently also in superficial and very obstinate excoriations.

Lichen sometimes shows itself with the acute, but much more frequently with the chronic character, and though it may spread to every part of the surface, it is much more commonly seen as a local disease, especially affecting the backs of the hands, the fore arms, the neck, and the face. The papulæ, in the most common form of the disease,—lichen *simplex*, are minute, red, often pointed, and irregularly scattered over the district upon which they are evolved. They continue severally for seven or eight days with these characters; they then begin to fade, and end with a desquamation of the cuticle. The disease, however, seldom or never comes to a conclusion thus; one eruption has hardly begun to decline when another makes its appearance, being ushered in by a painful sense of tingling, or of mingled smarting and pruritus of the parts which it is about to occupy; lichen

therefore, instead of lasting a week, may be reproduced during months, and even years. Each successive attack is not necessarily or even commonly attended with symptoms of general fever, as has been stated; excitement of the kind only appearing when the eruption is very considerable, or is combined with some inflammatory affection of an internal organ.

Instead of being irregularly scattered, the papulæ of lichen occasionally appear collected into pretty regular and well-defined groups,—lichen *circumscriptus*. This is particularly apt to happen on the back of the hand, fore arm, calf of the leg, and trunk of the body. The papulæ, in this case, are generally less inflamed than in the variety last described, differing but little in colour from the ordinary hue of the skin. These circumscribed patches extend by the development of fresh papulæ around their edges, and then their centres get smooth, though they continue of a pale red colour, and subject to a furfuraceous desquamation. Some of the clusters also disappear from time to time; but being replaced by others, evolved on parts of the integument still unaffected, the disease is thus indefinitely protracted.

Besides appearing under the form of circumscribed circular or oval patches, the papulæ of lichen have now and then been seen composing a kind of lengthened band, which, in one case that is particularly mentioned, stretched from the anterior part of the chest to the inner surface of the arm, along the whole length of which it extended, twisting on itself, until it reached the point of the little finger,—lichen *gyratus*, Biett.

When lichen affects parts covered with hairs, the papulæ very commonly appear to be traversed in their centres by these, and the piliferous bulbs participating in the inflammation, a more than usually obstinate form of the disease results, —lichen *pilaris*.

When the eruption of lichen has a dusky red or livid colour, the variety has been entitled lichen *lividus*. It is principally met with on the legs in elderly and debilitated subjects.

The eruption of this papular disease presents another variety remarkable in point of appearance, which has been designated lichen *urticatus*. The papulæ in this are, in fact, much larger than in any of the other species of lichen, and bear considerable resemblance to the wheals that follow stinging with nettles; they are not very uniformly regular in shape, but inflamed in their circumference, mixed with smaller highly irritable papulæ, and accompanied with a smarting pruritus of the most unpleasant kind. This eruption, which is for the most part accompanied with general febrile symptoms, commonly appears on the sides of the face, and on the neck and throat, in successive crops, but often extends from thence, and shows itself upon the trunk and extremities in confluent patches. It is only seen during the heats of the late spring and early summer.

The species of lichen which has been described under the title of lichen *agrius*, is no more than one or other of the preceding varieties, especially the lich. *simplex* and lich. *circumscriptus*, in its most aggravated form, and terminating in excoriations, in consequence of the violence committed upon his person by the patient, in endeavouring to appease the intolerable pruritus with which he is distracted. The papulæ in the severer forms of lichen,—lichen *agrius*, are numerous, closely crowded, and of a vivid red colour, which spreads to the integument immediately around the seat of the eruption. The appearance of the papulæ is commonly preceded by a well-marked febrile paroxysm, and their evolution and progress are accompanied with a burning pruritus, of the most unbearable description, which scratching does not alleviate, but only changes into a painful sense of smarting. It is no wonder, therefore, that the papulæ, in these severe forms of the disease, rarely escape laceration, or that, being torn, they pour out from their summits a little glutinous fluid, which concretes into flimsy scaly-looking incrustations. The disease in this aggravated shape is frequently seen degenerating into, or becoming complicated with, a truly pustular form of inflammation, which has been denominated impetigo; it is

then almost invariably attended with symptoms of slow fever, and as it may be protracted indefinitely, patients who labour under it, worn out with suffering and want of refreshing sleep, are often reduced to extremity.

The papular eruption which has been described under the title of lichen *tropicus*, and is known to the inhabitants of intertropical countries by the name of prickly heat, does not appear to differ in its symptoms and tendencies from lichen *simplex* or lichen *agrius*, according as it occurs under a milder or more aggravated form.

Lichen, if strophulus be assumed as one of its species, affects individuals of every age. It occurs most frequently towards the end of the spring, and during the course of the summer, and appears to be so much under the influence of temperature, that it is even endemical in tropical countries generally. Its attacks can often be traced to exposure to the light and heat of the sun, to errors in diet, to indulgence in particular kinds of food and drink, and to the use of certain medicines, especially of the terebinthinate and balsamic classes. It is also frequently symptomatic of disturbance of the primæ viæ. At other times, and when individuals apparently in the possession of perfect health are attacked with it, the causes of the disease, as may be imagined, are altogether unknown to us.

Lichen *simplex* has sometimes been mistaken for scabies, and lichen *circumscriptus* for one of the varieties of herpes. The difference of the elementary forms under which these diseases occur, ought always to give security against such an error. The papulæ of lichen, moreover, occur generally on the backs of the hands, and outsides of the limbs, in the sense of extension; the vesicles of scabies, again, are evolved between the fingers, on the palmar aspects of the wrists, in the bends of the arms, groins, &c.—along the line of flexion consequently. As to the herpetic disease, with which the lichenous eruption has been said to have been confounded, the mistake could only have arisen from utter neglect of every one of the distinguishing features of the two affections.

It would be a more excusable error to mistake the circular patches of lichen *circumscriptus* of some standing, and on the way to recovery, for the rings of lepra *vulgaris* in the same condition; the practised eye indeed may be required to make the distinction, but it is not liable to be deceived; and, in sooth, the red-pointed and somewhat raised and variously cleft edges of the leprous patches, when carefully examined, will always be seen not to be composed of papulæ like those of the variety of lichen mentioned.

Lichen *simplex* is principally distinguished from prurigo, another papular disease, by the smaller size and redder colour of its papulæ. The itchiness in prurigo is also much more intense than in lichen *simplex*, in which it is ordinarily rather a kind of tingling and tickling sensation, and only acquires the character of pretty severe pruritus, when the body has been heated by exercise, or stimulated by hot and spirituous drinks, &c.

Lichenoid eruptions of syphilitic origin are readily discriminated from all the varieties of lichen described, by their coppery colour, their indolent nature, their freedom from severe or continual pruritus, and their combination with other symptoms of a suspicious or unequivocal character.

The diagnosis of lichen *agrius* from eczema, in one or other of its forms, is often at first sight a matter of some difficulty. The actual nature of the particular case investigated, indeed, is often only to be determined by searching carefully, around the margins of the affected parts, for the eruption in its nascent state, when it is easily ascertained whether it be papular or vesicular in its form. The diagnosis becomes doubly difficult when, in consequence of the irritation of scratching, sero-purulent, vesicular, or pustular spots are found thickly mingled with the lacerated papulæ of this severe form of lichen; though, even in these complicated cases, care and attention will generally enable the intelligent practitioner to make out which is the primary and which the secondary affection.

Lichen *agrius*, even in its worst form, will hardly be con-

founded with pure impetigo. The scaly crusts which cover papulæ, when lacerated, always remain thin, flimsy, and for the most part distinct from each other; they never form thick and continuous incrustations, as in the pustular disease.

Psoriasis, a squamous affection, is distinguished by so many characters from lichen, in any of its shapes, that I do not think it necessary to contrast in detail the particular features proper to each.

Lichen, in the greater number of its forms, is a trifling disease, and no wise dangerous. In its severer shape,—lichen *agrius*, however, it is always to be regarded as a serious affliction, and by the incessant irritation it keeps up, it undermines the health of its victim, and makes life a burthen to him. Those cases in which the eruption can be traced to the direct action of an evident cause, generally last a few weeks only; but those in which it has appeared without any assignable reason, frequently continue for years, despite the enforcement of every imaginable variety of treatment.

Every variety of lichen is to be treated at the outset on the soothing system. Patients are to be put upon a bland and unstimulating diet, the habitual use of an acidulated drink, of some cooling lotion, and of the cold bath in summer. These means alone will generally be found adequate to dissipate the simple, circumscribed, and urticated forms of the eruption. Should they fail of the desired effect, stricter abstinence must be enforced, a sherbet of the nitric or sulphuric acid prescribed, the bowels cleared out, and every cause of excitement of the sanguiferous and nervous systems carefully avoided. Should the eruption be extensive, very acute in its general characters, and attended with a febrile paroxysm, it may be advisable to take a quantity of blood from the arm, in proportion to the severity of the symptoms, and the strength, &c. of the patient, and this especially if the disease shows itself rather as a general eruptive, than as a local affection. In the latter case, and when the eruption appears strictly confined to a particular region, the application of a quantity of leeches in the vicinity, but still without the limits of the parts immedi-

ately affected, may be recommended instead of the general bleeding. Very weak alkaline washes applied cold will commonly be found to relieve the pruritus considerably, and the acid diluents and abstemious regimen must be continued.

When the activity of the local inflammation subsides, the districts may be advantageously anointed with the unguent. hydrarg. nitratis very much reduced, or an ointment composed of a dram of subcarbonate of lead, two drams of prepared chalk, and an ounce of simple cerate. An ointment of sulphur and the sub-carbonate of potash has also been recommended under similar circumstances. Should the individual affected be past the meridian of life, or of weakly constitution, his strength must not be allowed to give way under too rigid an adherence to the antiphlogistic regimen; nourishing but light and unstimulating food must be ordered, and the effect of some mild tonic tried. If, under this change of system, the local malady is not aggravated, the hot air or vapour bath, at a low temperature, may be cautiously adventured on; and if the eruption stands this kind of stimulus, we shall generally be able to cure the disease either by continuing the remedy, or recurring to the more powerful sulphur fume bath. I have had repeated occasion to remark, that the hot air and sulphur fume bath were always better borne, and produced more decidedly beneficial effects, when the parts affected were excoriated and moist from discharge; I have then no hesitation in prescribing this remedy, and always feel confident that it will prove beneficial. Even in the most chronic forms of this disease, a lax state of the bowels will be found of service.

Lichen is a very capricious disease, however, and will not always bear the stimulus of the air or vapour bath. A course of purgatives should then be entered upon, if there be nothing to contra-indicate the practice, and the parts affected tried with the stimulus of one of the recently introduced iodurated ointments,—the proto-ioduret of mercury, in the quantity of a scruple to the ounce of hog's lard, first, and then the deuto-ioduret of mercury in about the same proportion.

The preparations of arsenic have occasionally succeeded in dissipating chronic lichens, that had resisted every other form of medication.

PRURIGO.

Many diseases of the skin are attended with itching, but the one we are now about to describe, has even received its title from the extraordinary severity of this symptom, which is such that it actually forms one of the distinguishing characters of the eruption.

Prurigo is an uninfectious chronic inflammation of the skin, characterized by an eruption of papulæ, which are nearly of the same colour as the skin, and accompanied with pruritus of the most intolerable kind.

This eruption is either general or local; and it is impossible to say occasionally in which of these forms it occurs with the most distressing symptoms. The general eruption is usually more especially concentrated about the shoulders and neck, and on the limbs attacks in preference the surfaces in the sense of extension. The disease ends naturally in resolution, and with a good deal of cuticular desquamation. When the papulæ are excoriated, as they almost always are by the nails of the patient, they become covered with small, thin, and blackish scabs, from the drying of the slight bloody exudation that follows the rude application of the nails.

Prurigo in its mildest form,—prurigo *mitis*, is characterized by an eruption, over the breast and shoulders, back, loins, and inner sides of the arms and thighs, of small soft papulæ, larger and less acuminated than those of lichen, and nearly or altogether of the same colour as the skin, the evolution and continuance of which are attended with an intense degree of pure pruritus, which is especially aggravated by whatever tends to stimulate the system, or to raise the temperature of the surface, such as warm and especially spirituous drinks, active exercise, the heat of the bed, &c. The eruption in this

form of the disease is always successive, and generally continues to harass patients for several months.

The disease frequently appears with characters of greater severity. The papulæ are broader, but still less prominent than in the variety described, and instead of being redder, are even somewhat paler than the tint of the integuments; they are also more widely scattered, and sometimes occur simultaneously over every part of the body, except the palms of the hands and soles of the feet. The itching in this species is no longer unmixed, but has a sharp and stinging character, as if burning needles were thrust through the skin, or it were gnawed by myriads of ants, whence the trivial name *formicans* by which it is distinguished; it is of such intensity indeed as frequently to throw patients into a kind of phrenzy, when they tear themselves with their nails like madmen, preferring the pain and smarting that succeed this operation, to the more intolerable pruritus which it puts to flight for a time. It may easily be conceived that few of the papulæ in the prurigo *formicans* long escape destruction; they are in fact almost uniformly immediately torn by the nails, and then become covered with the little blackish scaly incrustations which have been mentioned, and which, though purely accidental, are nevertheless very characteristic of the disease. The duration of this form of the disease is very uncertain; it seldom terminates, however, in less than three or four months.

When the disease in this aggravated form attacks the aged and weakly in constitution, it always proves an obstinate and most harassing complaint, lasting for years and poisoning existence; the papulæ then generally appear more crowded than in younger subjects, they are also larger and more prominent than usual, and when the same parts have been long and repeatedly affected, the entire substance of the integument becomes thickened and indurated, and the subcutaneous cellular membrane infiltrated, so that the feet and ankles are very commonly swelled and œdematous. The pruritus under these circumstances is of the same distressing kind as in the prurigo *formicans*, and is even more incessant and unappeasable.

From appearing among the aged, this variety has been entitled—prurigo *senilis*.

When very intense, general prurigo, especially the prurigo *formicans*, is apt to become complicated with various other vesicular, pustular, and sometimes even with furuncular inflammations. The skin is then deeply and severely inflamed, chapped in many places, and in others hypertrophied to a great extent. The whole surface, too, when the disease has continued long, almost uniformly becomes affected with an abundant furfuraceous desquamation. In this posture of affairs, it may well be imagined that the general health suffers: patients complain of headach, lassitude, uneasy sensations about the stomach, and general feverishness; their rest is incessantly broken, and they acquire a worn out and haggard look. It is then also that the disease is apt to become complicated by the presence of pediculi, which, when all measures of cleanliness and all remedial means are neglected, are said to swarm in countless multitudes. The disease, indeed, in its aggravated forms, is always seen in individuals with weak and worn out constitutions, marked by cold extremities, œdematous feet and legs, &c. The surface is always dry and withered-looking in prurigo.

Besides appearing as the general affection now described, prurigo frequently shows itself in a variety of local forms. The symptoms in these do not differ from those that have been signalized as characteristic of the eruption more widely diffused. The presence of papulæ, in many of the local varieties, is sometimes a matter difficult of demonstration, and, indeed, care and repeated examination are often required before they can be detected. The peculiar and violent character of the pruritus, however, generally gives the clue to their true nature. The principal species of local prurigo that have been described are the following.

Prurigo *podicis*, which has all the features of the prurigo *formicans* aggravated if possible, although the eruption extends no farther than the parts around the anus and the cleft between the buttocks. The disease in this situation is always

of long continuance, and rebellious to treatment of every description. It almost invariably becomes at length complicated with vesicular or pustular eruptions, and sometimes seems even to lose its original characters entirely, and to acquire those of the inflammation that was at first accidental only.

Prurigo *genitalium*, is another very distressing local variety of the disease, more especially in the female, in whom the eruption is apt to spread from the labia to the mucous membrane of the vagina, which then becomes inflamed, and is attended with symptoms of the most distressing and painful description. In the male, the surface of the scrotum is strongly corrugated, dark coloured, and often covered with a kind of sebaceous exudation. The accompanying pruritus is of the most violent kind; it usually comes on in paroxysms, and then nothing can allay it. In the female, the accompanying symptoms are even more intolerable, and hardly less distressing morally than they are physically. The disease is a common cause of nymphomania. The pruriginous affection entitled prurigo *scroti* in the male, prurigo *pudendi* in the female, is not always a demonstrably papular disease. It is, however, not vesicular, and has none of the characters common to the exanthemata. The kind of pruritus with which it is accompanied, and the state of exaltation which marks the severer paroxysms, associate it plainly with the rest of the prurigos. Besides, in some rare cases of prurigo *pudendorum*, papulæ are said to have been actually seen. There is no reason therefore to doubt of the proper position and denomination of the local pruriginous inflammations. Prurigo *scroti* is a disease I very frequently see; it is generally associated with a good deal of intertrigo, and complicated with numerous impetiginous pustules. It is always a very distressing complaint, and one which, under the ordinary methods of treatment, proves little less perplexing to the practitioner, than it is annoying to the patient. I have invariably found it to yield to ten or a dozen exposures in the sulphur fume bath, in addition to the ordinary constitutional treatment employed.

No age or circumstance seems to confer immunity against an attack of prurigo. But the disease is certainly more frequently seen in youth and the decline of life, than at any other period. Neglect of proper cleanliness may possibly have some influence over its occurrence; but it occasionally attacks individuals in classes of society, where such a cause cannot be suspected of exerting any influence. It is sometimes seen following moral affections of a depressing nature. Most generally, however, the specific causes of prurigo escape our observation entirely.

Prurigo is a disease which is only apt to be confounded with lichen, yet the eruption has characters so entirely its own, and is attended with pruritus of so severe and so peculiar a kind, that with due attention to these, there seems no great necessity for commiting such a mistake; the broader papulæ of prurigo, their colour precisely similar to that of the skin at large, and the thin black scale with which they become covered when they have been torn, are so many characters that distinguish this affection from the analogous ones of strophulus and lichen.

The differences of elementary form should always suffice in enabling us to distinguish prurigo from any of the vesicular or pustular inflammations. There is greater difficulty when the papulæ have been destroyed, and still greater when the disease is actually complicated with numerous accidental vesicles and pustules. But even in these cases the difficulty is more in semblance than in reality; close attention for a day or two to the appearance and progress of the affection, and a few hints in regard to its previous history, generally giving the clue to an accurate diagnosis. The same elements and considerations which guide us in the diagnosis of the general, serve us in discriminating the local, varieties of prurigo.

In youthful subjects prurigo does not generally prove a very obstinate complaint; with appropriate treatment, it seldom lasts longer than a few weeks. In the aged, on the contrary, the disease is always one of long duration, and has the reputation of frequently proving rebellious to every kind of

treatment. I am happy to say, however, that of late I have been enabled to look upon prurigo in every state as a very manageable disease.

The local varieties have the same character for intractability as the more general eruptions. I have already said that chronic prurigo, by the sleeplessness it occasions, and the irritable state of the system it keeps up, frequently exhausts the strength of patients and reduces them to extremity. Indeed, rather than continue the life of torture they are condemned to by this disease, patients have been known to lay violent hands on themselves, and end their misery by suicide. Such a consummation, if hinted at or suspected, should consequently be guarded against if possible.

The slighter cases of prurigo are successfully treated by a restricted diet, the occasional use of a gentle aperient, and prolonged immersion in the simple, weak alkaline, or sulphurous water bath, according to the degree and endurance of the eruption. In some cases it may be necessary to add the use of a diluent, acidulated with one of the mineral acids, or made slightly alkaline by the addition of half a dram or a dram of the sub-carbonate of potash or soda, to each pint of the liquid, for a few days. A combination of sublimed sulphur and magnesia, or sub-carbonate of soda, is also a good medicine in these cases; but the sulphur should be given in much smaller doses than those in which it is usually prescribed to produce its most beneficial effects; from two to four grains, with about ten or twelve of calcined magnesia, or sub-carbonate of soda, twice a day will be quite sufficient.

In none of its forms does this papular disease appear to be so much benefited by blood-letting as most of the other cutaneous inflammations. When blood has been drawn, however, even after the disease had merged into the chronic and inveterate state, it has always shown the buffy coat, or the large and firm crassamentum, characteristic of an inflammatory condition of the system. Though it may be mostly held unadvisable to bleed generally in this complaint, the application of a number of leeches around the seats of the local varieties

will often be found a measure productive of great relief; and this practice, seconded by due attention to regimen, will often bring the disease into a state to bear the stimulus of the vapour, hot air, or sulphur fume bath. When patients have been lowered by abstinence and the exhibition of a few doses of purgative medicine, I always recommend the vapour bath to be tried at a low temperature at first, and if, to the temporary excitement which immediately follows the use of this remedy, an abatement of the symptoms succeeds, as usually happens, I then know that I can command the disease. I have even observed that the more inveterate the affection appeared to be, the more severely the parts affected were excoriated, the more they were complicated with discharging seropurulent eruptions, the more certainly were they first amended and ultimately cured by perseverance in the use first of the vapour, and then of the hot air and sulphur fume bath. Under the use of these means, the thickening of the skin and œdematous state of the sub-cutaneous cellular membrane are very speedily dissipated, and the withered, dry, and unperspiring surface rendered sleek and velvety to the touch as it is in health.

CASES OF PRURIGO.

Madame A. a French lady, aged about 60, of a full, sanguineous habit, shortly after her arrival in England, in the early part of 1828, had suffered from an attack of pneumonia; from this illness she recovered under the ordinary means of treatment employed, but became subject to a pruriginous affection of the skin, which continued to torment her in various degrees up to the spring of 1833, when she was advised by a physician of high authority, whom she had consulted, to try the effects of the sulphur fume bath on her complaint of the skin: for all the medicine she had taken, the external applications she had made, and the hot baths she had used for the preceding five years, seemed to have been without influence in abating her infirmity. Of the plan of treatment followed, or the precise nature of the medicines prescribed, I was at this time uninformed; but on the fourth

of April, 1833, this gentlewoman had the first sulphur fume bath administered, and it was continued regularly twice a week to the 28th.

At this time no improvement had taken place; on the contrary, the symptoms were always aggravated upon the days on which the patient took her bath, and her night was rendered more miserable than usual. Her physician now advised Madame A. to take the fume bath as I might direct it, and otherwise to place herself under my care for a time.

April 30th. At this period the symptoms of the distressing complaint under which Madame A. laboured were of the severest description; the pruritus she endured was incessant, and mixed with various other painful sensations, such as are described under the head of prurigo *formicans:* she felt as if hot needles were repeatedly thrust through the parts of the skin affected, or as if insects were creeping over her body, and torturing her with their stings. When warm in bed, all these distressing sensations were so much aggravated that she was always afraid to lie down, or when down to get up again, for transitions of all kinds regularly brought on a paroxysm of unappeasable and painful pruritus.

On all the parts affected, and they extended to the greater portion of the surface of the body, numbers of the small colourless raised papulæ or pimples, characteristic of prurigo, could readily be detected; but by far the greater number of these, having been torn with the nails or other instruments employed for scratching, appeared covered with a minute black scab; the nails had long been found insufficient for the purpose of allaying the itchiness, so that a hard nail brush, and occasionally a comb, were the implements commonly used.

Active measures I saw would alone prove of any advantage in this severe case; and on the 30th, Madame A. was bled to the extent of sixteen ounces; at night she took an aperient composed of six grains of calomel and twenty of jalap, and next morning a dose of the common black draught (infusion of senna and sulphate of magnesia). She was farther directed to take a wine glassful of a mixture consisting of magnes.

sulph. ℥i. mannæ, ℥ß. magnes. calcin. ʒiß. antimon. tart. gr. ii. syrup. rhamni, ℥ß. aq. menth. virid. oss. The sulphur fume bath was discontinued, and a tepid water bath, containing a large basinful of thick gruel, substituted for it, with a view of soothing and softening the irritated and excoriated skin.

On the 8th of May, the itching was less constant, and the patient got some sleep at night, though her rest was still greatly disturbed. The skin had lost much of its harshness; the bowels were freely acted on by the medicine. 15th, The sulphur fume bath was now ventured on every other day at a low temperature, and the emollient water bath continued on the intervening days; the medicine as before. 20th, The patient still found that on those days on which she took the sulphur fume bath, she was more teazed with itching, than on the others: she was directed to use the simple heated air bath on alternate days; and the purgative medicine, proving rather too active, was reduced to half the former doses; the water baths were continued as before. 25th, More irritation on those days on which the heated air bath was taken, and a bath of watery vapour was tried instead. 30th, Madame A. was bled again to sixteen ounces, and ordered to abstain from all animal food. The blood was buffed, and the serum thick and turbid. June 8th, Considerable mitigation of all the symptoms; the patient complains of weakness after the vapour bath. The warm air bath resumed every other day. And for the purgative medicine which seemed to be doing no good, the following mixture was prescribed, ℞. liq. ammon. sub-carbon. ℥i. mucil. gum. acaciæ. ℥iß. tinct. lyttæ, ʒij. syr. simpl. tinct. aurantii, āā. ℥ß. M. Cochl. theæ bis in die e cyatho aquæ sumendum. A pill of colocynth and scammony was ordered at bed time, to keep the bowels regular should any aperient be required. The patient was also directed to drink plentifully of milk and water, orangeade, lemonade, &c. and to confine herself to the simplest and blandest diet.

The abraded surfaces, torn with scratching, were at this date reduced in size, and the little black spots considerably diminished in number, but the itching still continued severe

after eating, during the night, and particularly towards three o'clock in the morning, previous to which time she now obtained most needful sleep for one or two hours, and again after seven in the morning. 18th, The patient did not complain of being weakened from her restricted diet, but looked haggard and worn out from her disturbed nights, and the incessant irritation of her complaint. She was again bled to twelve ounces, the blood was still buffed, and the serum yellowish and oily in appearance. The medicines last prescribed were continued; on the 20th, Madame A. was better, and on the 29th, she resumed the hot air bath, which was repeated every other day, as it was no longer followed by any great degree of excitement of the skin. July 6th, Going on favourably, and was allowed jelly and broth, or a little chicken daily. 12th, Symptoms all abated; both days and nights were passed in comparative tranquillity—there was slight natural perspiration, and the skin had lost in a great degree its harsh parchment like feel. Resumed the sulphur fume bath, and, after it, slept for the first time for some years through the night. Thus encouraged, the sulphur fume bath was repeated on the 14th with similar good effects, and it was then pursued daily, all medicine being left off.

On the 26th, there seemed some disposition in the complaint to return, but this was accounted for by the patient's having been incautious in her diet, and remaining in company late. She took an active purge, and on the 28th resumed the sulphur fume baths daily, until the 12th of August, at which date she considered herself quite well, and left off all remedies, not a little thankful for her relief from a disorder, which began to be looked upon as beyond the reach of all known remedial means.

On leaving off the sulphur fumigations, the skin had acquired the peculiar dark and hardened appearance which commonly precedes the desquamation, or rather the peeling of the cuticle, which follows the action of the sulphur, and which continued in this case for four months after the baths were left off. Madame A. left England for Aix la Chapelle

early in the September, and I occasionally hear of her remaining well.

Had this lady continued to pursue the treatment by means of the sulphur fumigations, unassisted by general depletory measures, I believe she would have derived no advantage from the method. It was very long, indeed, before the disease could be brought to a sufficiently chronic state, or the system sufficiently lowered to bear the action of the remedy; each new attempt to hasten matters only produced an aggravation of the symptoms, until the patient was reduced by the bleeding, purging, &c. when the sulphur fumes acted in the most beneficial manner.

Case 2. A gentleman, aged 84, of a spare habit of body, and a free liver, had been the subject of prurigo *senilis* for nearly a year, when he came recommended to me by the same high medical authority as Madame A., in the month of June, 1833.

The skin in this case had a hard, thickened appearance, though according to the patient's own account, it was naturally of a fine and delicate texture; at all events it now looked thick, yellowish in colour, dusty, and very dry; the patient informed me he had long ceased to perspire. Scattered over the whole surface there were numerous little black specks, evidently points of concrete blood, which had followed the application of the nails; some of these specks were as large as split peas, and covered inflamed spots; there were also many longer and shorter lines of inflammation undoubtedly produced by scratching, and over almost every part of the body multitudes of small whitish papulæ, raised above the general level, and to be felt, as well as seen without the aid of a magnifier.

The itching which accompanied this eruption could be characterized by no other title than that of torture; it never left him for an instant, and was always greatly aggravated after meals, and during the night; of late, indeed, the patient was so much afraid of going to his bed, seeming to regard it as going to the rack, that he frequently preferred sitting up all night to encountering the misery he there endured.

This gentleman's legs were swollen from œdema, and pitted deeply under pressure with the fingers. Although at an advanced age, his general health was good, and to want of rest from his disease of the skin, all that was unfavourable in his appearance seemed fairly attributable. The whole of the usual remedies had already been tried without producing the slightest mitigation in the symptoms of his complaint, and it was with a view of essaying the sulphur fumigatory plan as a last resource, that he first visited me. The sulphur fume bath was accordingly commenced; but, after being persevered in for a fortnight, it produced so much aggravation of all the symptoms of the prurigo, that it had to be abandoned. This result was not different from what I had anticipated.

In consultation with the other medical advisers of the patient, I recommended a plan of treatment to be pursued in this case, very similar to that which had been followed in the last, before again resorting to the sulphur fume baths. This being acceded to, the patient was bled to twelve ounces from the arm, took an active purgative dose of calomel and jalap, and a tea spoonful three times a day of a mixture of the liqu. ammon. sub-carb. ʒi. mucilag. acac. ʒiß. tinct. lyttæ, ʒii. tinct. aurant. syr. simp. āā. ʒß. His diet was restricted to vegetables or farinaceous articles for a time; he was supplied with plenty of whey for drink, having a scruple of nitre added to each pint, and was directed to take an emollient gruel bath at a low temperature, for an hour or an hour and a half every day. The bowels were kept open by means of a colocynth and scammony pill once or twice a day as might be required.

The blood abstracted was buffed, and the serum thick and turbid. The medicines prescribed seemed to agree.

On the 29th of June, the patient expressed himself as much relieved, and commenced the simple vapour bath every other day, taking his gruel bath on the intermediate days. His medicine produced two or three evacuations from the bowels daily, and he passed urine abundantly, but with some irritation; in consequence of which the following compound was substituted for the mixture hitherto taken. ℞. antim.

tart. gr.iß. nitrat. potass. 3ß. mist. amygd. ℥viij. Sumat cochl. maj. ij. 4tâ qu. horâ. The aperient pills were continued. July 10th, The skin was less harsh to the touch; many of the black specks had disappeared, the patient declared himself much more comfortable generally, but still, at times, greatly annoyed with the itching, which now generally attacked him in paroxysms. In the hope of accelerating matters, he desired to return to the sulphur fumigations, but still found them such a source of irritation, that he was glad to give them up again. He used the simple vapour bath with better success. A variety of lotions and ointments were at this time tried, but none of them seemed to do good for more than a day together, and the patient declared that he relieved himself more effectually from the burning and tingling of his paroxysms, by a good tearing or scratching, than by all else that was prescribed for him. The swelling of one leg had now disappeared, as well as a slight degree of puffiness he had formerly shown about and below the eyes.

July 6th, In addition to the complaints already enumerated, the patient was seized with weakness in the loins, accompanied with the most severe itching and tingling down his legs to the feet, and a paralytic feeling as though he could not move his limbs forward to walk. He was cupped in the loins, and on the 8th had lost much of this feeling and itching. 10th, The sulphur fumigations, at a low temperature, were resumed, and the water and vapour baths left off. Instead of aggravating the itching, as heretofore, the sulphur fumes were now most soothing to the patient, who passed his nights in comparative comfort; the mixture was given up, but the pills were continued; the swelling of the other leg had now disappeared. On the 19th he was again attacked with feelings of weakness in the back and legs, with increased tingling and itching, for which he had eighteen leeches applied to the loins, and took a purgative dose of calomel, which relieved him. He continued the sulphur fumigations daily, till August the 6th, when he considered himself well, and left them off. He had subsequently an abundant peeling of

the outer skin, which continued for several weeks, during which time, and to facilitate the removal of the loosened shreds of cuticle, he occasionally resorted to the vapour bath. This gentleman has since continued free from his former very distressing complaint.

Case 3. A lady, aged upwards of seventy, had been subject to prurigo for nearly three years. There was little to be seen on the skin, which presented the appearance usual at her age, save numerous little black specks, evidently the effect of scratching off the heads of the papulæ, which on a closer inspection were found disseminated over most parts of the surface. She was the subject too of spasmodic asthma, and the legs were swollen and pitted on pressure. The irritation from the skin complaint was a source of continual torment to her, but particularly so during the night. She conformed to a strict regimen; took opening medicine, but objected to lose blood. On the 6th of April, 1833, she commenced the sulphur fumigations, which proved a source of great alleviation to her breathing and cough, but of no benefit to the prurigo; on the 12th, she consented to be bled, and twelve ounces were taken away. The blood had the usual appearance in such cases, being buffy, and the serum turbid and yellowish. The patient from that night felt the troublesome itching abate, and was afterwards enabled to take the sulphur fume bath without having it increased. It was soon evident from the darkened appearance of the skin, that she would have the usual peeling which follows a course of sulphur fumigations, and desisted from taking more of the baths until that process was completed. During this period, she continued free from her old complaint, and had only the trifling itching that is common whilst the cuticle is detaching itself. To assist the process of desquamation, the patient took half a dozen vapour baths at intervals, and by the end of a month from this time, found herself recovered not only from her affection of the skin, but so greatly relieved of her asthma as to forget to allude to it altogether.

These three cases will be sufficient to give an idea of the difficulties and disappointments I had to contend with, when I first began to practise with the sulphur fume baths, as a principal means in the treatment of diseases of the skin. They were stated by the French authorities to be curative of prurigo, but no mention was made of the modifications and restrictions that were by further experience found needful, nor of the previous preparation that is essential to their success. In cases where the disease attaches itself to particular parts, as the scrotum in the male, the external organs in females, &c., the same preparatory and adjunct means of treatment are necessary, though perhaps to a more limited extent. The local varieties of prurigo, indeed, when they are accompanied with excoriation of the skin, and discharge from its surface, may be said to be at once under the control of the sulphur fume bath.

SQUAMÆ.

The assumption of a squamous or scaly state of the skin, that is, of a mere consequence of inflammation affecting this structure, as the distinguishing feature of a particular order of its diseases, is, it must be allowed, a departure from the principles by which Willan and the dermato-pathologists of modern times have generally been guided in their classifications:—the sqamous diseases cannot be said to be traced to their elementary forms. Nevertheless, the alterations of the cuticle, which are assumed as characterizing the group of squamous affections, are so peculiar, and so unlike all that occurs in any other form of cutaneous inflammation, that, practically at least, there seems little cause for regretting that the farther step has not been taken, which would have led us to consider the morbid states of the dermis which precede alterations in the cuticle, as the primary forms of those diseases we are now about to discuss.

By squamous diseases, then, are understood certain chronic inflammations of the skin, characterized by the occurrence of a variable number of elevated red spots or patches, which speedily become covered with squamæ, that is, with lamellæ of the cuticle, altered in its general appearance and texture. These squamæ are very different from the products of numerous other inflammatory diseases of the skin, already frequently spoken of as scabs or crusts, which are due to the excretion, and subsequent drying of purulent and sero-purulent matters, upon the surfaces affected. Squamæ, on the contrary, are, as described, a morbid secretion of the common cuticular covering of the body; they are laminated, of a greyish white colour, often of a glistening appearance, dry, friable, and of very various thickness.

The number of squamous diseases now generally reckoned,

amounts to three,—Lepra, Psoriasis, and Pityriasis. Ichthyosis, included by Willan and his followers in this order, being for the most part a congenital affection, and never seen to follow as a consequence of unusual action in the surfaces it covers, I have referred it, along with Dr. Rayer, to another place, where I shall mention it briefly.

The whole of the three forms of squamous inflammation have many characters in common; two of them indeed, lepra and psoriasis, have actually been treated of by some writers as mere modifications of one and the same disease; and as if to confirm this view these two affections are observed to occur very frequently together in the same subject.

The whole of the squamous diseases are essentially chronic in their nature, and they almost uniformly commence, advance, and frequently attain a great pitch of intensity without the appearance of a single symptom indicating general or constitutional disturbance. Neither are the local symptoms which accompany the squamosæ in general of any great severity; a little itching and heat are the most usual concomitants, and even these are frequently not perceived. Some degree of stiffness in the parts affected, and, when the disease occurs in the vicinity of joints, of chapping and excoriation, and of impediment to motion, are very commonly complained of. When squamous diseases are of very old standing, the integuments of the districts affected often become very much indurated and thickened.

Squamous diseases occur among individuals in all ranks of life. If they appear to be most frequent among the poorer classes, it is only because these are the most numerous in all communities. The most delicate gentlewoman, in the daily or rather hourly observance of all the rites of personal cleanliness, appears to be about as subject to lepra as the most negligent and filthy artificer alive. These affections, if there be really any difference, are thought to occur in the autumn more commonly than at other seasons. None of them is even suspected of being contagious, although, like all other bodily peculiarities and predispositions, they are each susceptible of

being transmitted hereditarily. All the causes that have been assigned at various times for their appearance, are extremely doubtful. Neither in themselves, nor in their consequences on the œconomy, are the squamous diseases to be considered as dangerous; but they are unseemly; often the cause of considerable annoyance; and for the most part extremely rebellious to every form of treatment that has yet been proposed.

The external characters of the squamosæ are so peculiar, that they are not liable to be mistaken for any of the other forms of cutaneous inflammation already described, nor indeed with any which still remain for description. None of the vesicular, pustular, or papular diseases are ever attended with a formation of thin dry micaceous looking scales. The slight desquamation of the cuticle that accompanies recovery from several of these diseases, is but an increase of the natural process which appears at all times to be going on from the surface of the body, and never acquires the distinguishing and prominent features of a morbid act.

LEPRA, SCALY LEPROSY.

By the word lepra, medical writers are now agreed in designating a squamous affection of the skin, characterized by the occurrence of circular scaly patches, raised in the circumference, and after they have existed for some time apparently depressed in the centre. There is an earlier stage of lepra, however, when the eruption appears like large red papulæ, smooth and shining on the surface, and within a few days becoming covered with a single micaceous scale, the size of the spot beneath. This scale is by and by detached, when the surface of the spot is found to be rough and dry; the circle of inflammation now gradually extends, till it is an inch or more in diameter every way, and the whole patch becomes covered with an imbricated layer of thin but tough and shining scales, of a slightly yellowish or pearl grey colour. The several patches of lepra in this state, are of a perfectly

circular shape, and surrounded by a bright or purple red and slightly raised margin. The squamæ that cover them are in a constant state of increase or reproduction; lying one over another, they often form laminated and friable masses of considerable thickness, and, if detached, are very speedily renewed.

Lepra, like every other disease of the skin, occurs with characters which vary more or less from that which is regarded as the standard state, and are made the basis of a distinction into a number of varieties or species. Thus, when the scaly patches are of unusually small dimensions, increase with extreme slowness, and are but very slightly elevated around the margins, the disease is entitled lepra *alphoides*. The squamæ in this variety are very white (whence the title) and small; the patches seldom or never run together; the disease is scarcely seen except upon the limbs, and it occurs among children much more frequently than among grown up persons. The disease which Willan, Bateman, and their followers, have described as a second variety of scaly leprosy, under the name of lepra *nigricans*, is certainly misplaced. The affection so styled is not even squamous in its nature, but consists of an irregularly darkened or shaded state, either of the pigmentary membrane under the cuticle, or of the cuticle itself, and is very generally believed to be one of the many changes induced by the syphilitic poison lurking in the system; but as this is problematical in some cases, to make sure of avoiding error I have referred it to my order of dischroa or discolorations, where it will be found discussed, and the particulars of an interesting case of the affection detailed.

Lepra is a disease which occurs of very various extent; it may often be met with confined to the sharp ends of the elbows and knees, and it is just as frequently seen extending to almost every portion of the surface except the hands and the face, which are very rarely affected, although in bad cases it occasionally implicates even these. The elbows and knees are very generally the parts which are first affected, and from which the disease spreads along the arms and thighs to the breast, and loins, and other districts of the body. Lepra is

one of the diseases which almost invariably shows itself upon corresponding parts of both sides of the body at the same time, in opposition to others, herpes *zoster* for instance, which is hardly known to appear, save on one side of the body at a time. This is a consideration not practically important indeed, but still one of interest to the reflective pathologist. Lepra always extends by the successive development of several distinct points of inflammation; these only increase to a certain size, from that of a shilling to that of a half crown or a crown piece, but they are often developed so close to each other, that they coalesce, and thus give rise to patches of much larger dimensions than those indicated; the compound nature of these large squamous patches is always proclaimed by the arcs of circles of different radii visible around their margins.

When the patches of lepra have attained their maximum development, they begin to get well; and it is remarkable that this process of cure, whether spontaneous or brought about by art, very uniformly commences in the centre and extends towards the circumference, so that the patches which have continued distinct, at length present the appearance of rings. When the disease is getting better, the squamæ once detached, are no longer renewed; neither is the patient harassed with any of the unpleasant pruritus, which is one of its constant symptoms when it is on the increase or stationary. Unless the disease be very severe indeed, it is not attended with pain; when the patches surround the articulations and have existed long, indeed, motion is painful and very much impeded; but the pain is then a consequence of mechanical violence done to parts in a preternatural state, which may even be heard crackling in a very singular manner, when the joints are first bent. In very severe and inveterate cases, a quantity of serous fluid is occasionally observed to be poured out by the surfaces affected; this too is probably a consequence of the mechanical irritation of the hardened squamæ, for the discharge ceases when these are softened, and removed in a considerable measure by means of emollient applications.

The Messieurs Cazenave and Schedel have described, under the head of lepra, a variety of disease characterized by the immense size of its circular inflamed patches, or rather rings, (one of which they have occasionally seen occupying the whole extent of the back,) and their freedom from scales. The central parts were of greatest extent, and apparently quite healthy, the disease being in fact confined to a prominent circular ring, but a few lines in breadth, which, both on its outer and inner edge, was bounded by a reddish border, also but a few lines broad, quite free in every part from squamæ. On the extremities of the patients thus affected, several leprous patches, which presented the usual appearances, were observed.

What has been said in regard to the causes of squamous diseases generally, applies to lepra in particular; all that have been quoted by different authors as capable of producing the disease having been called in question or denied by others. It has been known to follow the use of spiced food and spirituous liquors, exposure to cold and damp, &c. but in the immense majority of instances, it appears without any evident or assignable reason. The disease is certainly not contagious; when writers are found who speak of the transmission of lepra from one individual to another, they mean some other than the squamous affection we have described under this title. Of the hereditary disposition of scaly leprosy there can be no doubt. The disease is one of very frequent occurrence.

Lepra is a disease which with some little time for observation and very moderate attention is not at all apt to be mistaken for any other affection of the skin, save one perhaps, and that is psoriasis, another scaly disease, between which and lepra it is frequently very difficult to draw a line of distinction. This happily is of no great consequence, especially as the obstacle arises in all probability from the circumstance of the one disease being a mere variety or modification of the other. The general points of difference between these two diseases will be better appreciated when we have spoken of psoriasis.

Syphilis, among other forms, frequently manifests itself externally in squamous patches, which resemble those of lepra in this particular, as well as in their circular shape. Their edges are also occasionally raised, and their centres depressed, and these last being only covered with a very flimsy epidermic scale, they sometimes appear to be occupied by portions of integument, healthy or very little affected. But the squamous patches which are of syphilitic origin, are of a dusky or coppery colour, and instead of being rough and dry on the surface, and hard, like those of lepra, are smooth and soft like any other part of the skin.

The patches of impetigo *figurata* have sometimes been mistaken for those of lepra; but the elementary forms of the two diseases being different, and the laminated scabs that follow the pustules of the impetigo being of a greenish or brownish colour, the error has only arisen from want of proper acquaintance with the two diseases in question. The same may be said with regard to the distinction between lepra and porrigo *scutulata*, independently of the circumstance that lepra is seldom or perhaps never seen confined to the hairy scalp, while porrigo *scutulata* is seldom seen any where else.

Lepra is not generally a formidable disease. When it exists on the extremities only, or in scattered patches over the body, it may continue for a life time without apparently influencing the general health in any notable manner. When the eruption is very copious, however, and when the whole or the greater portion of the body is encased as it were in a suit of scaly armour, the functions of the skin are interrupted in a degree incompatible with health; the lungs and kidneys are then required to execute a double office, and the constant state of excitement in which they are thus kept, is apt to lead to consequences which in the aged especially are frequently fatal. Lepra very seldom gets well spontaneously; and in nineteen cases out of twenty, it resists treatment of every kind long and obstinately; it is not, however, on this account to be regarded as a disease generally incurable; on the contrary, it very

commonly yields at last to one or other of the modes of treatment which experience has approved.

The treatment of lepra must always be conducted in conformity with the evident state of the eruption, and the circumstances under which it is developed. If the disease be of recent date and attended with considerable inflammation, itching, and constant uneasy sensations in the patches, general blood-letting and emollient measures of various kinds, such as the tepid gelatinous or gruel bath, the simple vapour bath, and the application of cream or hog's lard to the irritable surfaces, will be found to give great relief, and of themselves frequently dispose the disease to recovery. To these measures, if the patient be still youthful, or in the vigour of life, and of robust constitution, must be associated strict regimen, the use of some mild diluent, and absolute rest for a time. When in this way the irritable state of the disease and general system has been reduced, experience has shown that a course of treatment, which includes, or consists essentially in the internal administration of certain energetic medicines, in combination with the external use of baths of different descriptions, may for the most part be entered upon with greater prospects of success than any plan which is wholly restricted to outward applications. In recent cases, however, I should always feel inclined to give a trial to the topical plan, in conjunction with the regular use of the vapour, and by and by of the hot air and sulphur fume bath, before resorting to the prescription of such medicines as arsenic, cantharides, and dulcamara, or a long continued course of active cathartics, which have each been found in innumerable instances to produce the happiest effects upon the disease even in its most inveterate forms.

Simply irritating applications, such as pitch plasters, tar ointment, salves of the bryonia alba, chelidonium, &c. which used to be mostly employed in cases of leprosy by our forefathers, are now acknowledged to be even worse than useless, often positively aggravating the disease. Instead of these, an

ointment of the nitrate of mercury of graduated strength, of the white precipitate of the same metal, of the ioduret of sulphur in the proportion of twelve or fifteen grains to the ounce of lard, or of a secret remedy known by the name of the *pearl ointment*, may be rubbed gently over a certain number of the leprous patches, or a limited extent of squamous surface every night at bed time, with the happiest effects; the white precipitate salve is particularly worthy of a steady trial. The patient should at the same time take a tepid bath every morning, and at intervals, say every other day, a simple vapour bath, to cleanse the surface from grease, and to detach squamæ and render the parts they cover apt to be acted on by these chemical applications. Should sufficient progress not appear to be made by the use of these means alone perseveringly continued for several weeks, the hot air and the sulphur fume bath may be associated with one or other of the unguents recommended, with every prospect of advantage.

In inveterate cases of lepra, however, that have lasted for months or years, external applications are found to have little influence, unless combined with a course of internal medicines, which, so far as their action is understood, seem to modify the state of the general constitution, or to produce new actions in the system, and its parts, during the continuance of which pre-existing morbid processes cease, and diseases have time to recover.

Experience has satisfactorily demonstrated the powers of this kind possessed by a continued course of purgatives, and by the prolonged but cautious use of the arseniate of potash or soda, as also of the tincture of cantharides. It is difficult at all times to specify the exact circumstances under which one of these courses is to be preferred to another, but we have the authority of Biett, in favour of the purgative plan among youthful subjects, and in cases which are not of very ancient dates, especially if the attack be the first which the patient has had. The same eminent physician is of opinion, that the tincture of cantharides is more particularly useful

in cases of lepra which have relapsed, which occur among subjects of soft or flabby constitution, in which the disease is very extensive, and when a course of purgatives has been undergone without advantage. Lastly, Dr. Biett conceives that the preparations of arsenic are especially available in the more inveterate cases of the disease, when it has existed for several years, has spread over almost the whole surface of the body, and caused extensive thickening and alteration of the integuments, and when all the other medicines and plans of treatment mentioned have been previously but unsuccessfully enforced. My own experience has lain principally among the more inveterate cases of lepra, and in these I have generally succeeded by combining a purgative course, and the exhibition of the tincture of cantharides, or Fowler's solution, internally, with the external stimulus of the hot air and sulphur fume bath.

There is no better purgative to begin with in cases of lepra, than a mixture of from three to five grains of calomel, with from ten to fifteen of jalap. This may be given every other night at bed time, and a dose of the common purgative mixture of infusion of senna and sulphate of magnesia ordered every morning. By and by a colocynth and scammony pill, or the compound aloes and gamboge pill in an adequate dose, may be substituted, as less nauseous and equally effectual in its operation. Calomel uncombined, in purgative doses of four or five grains, is in great repute in France as a cathartic in leprous cases. When calomel is used in this way, its operation upon the system must be carefully watched, and as the specific effects of this medicine are perfectly unavailing against lepra, it is always better to avoid these if possible.

The tincture of cantharides may be prescribed in doses of four or five drops twice a day in any bland vehicle, such as barley water, and gradually increased till ten, fifteen, or twenty drops are taken each time. The effects of this medicine, of course, require to be most sedulously watched. The dose ought only to be increased very slowly, and the moment any complaint is heard, of sickness or heat of stomach, of

scalding of the urethra in making water, of pain in the bladder, &c. that moment ought the dose of the medicine either to be greatly diminished in quantity, or its use suspended entirely for a season. The tincture of cantharides, cautiously administered, is undoubtedly a medicine of great potency and value in the rebellious disease of which we are now treating.

Arsenic is now almost invariably prescribed in combination with potash as it exists in Fowler's solution. Three, four, or five drops of this solution may be given once or twice a day in barley water, and very gradually increased till from twelve to fifteen drops are taken daily. It can never be out of season to remind the practitioner of the necessity of watching the effects of this active but perfectly safe medicine. When peculiar sensations of itching occur about the eyes, or wandering pains are felt in the abdomen, we know that the arsenic is exerting its influence on the constitution, and if at this time the leprous patches begin to look red, the centres to lose their scales, and the rings to break in different places, we have every prospect of seeing the disease disappear entirely in the course of a very few weeks. The arsenical solution should never be pushed so fast and so far as to compel us, just as its beneficial effects on the disease are becoming apparent, to suspend its use for fear of its too powerful specific effects on the system at large. In these chronic and most obstinate diseases, no good is to be done in a hurry; it is only by patience and perseverance, that a permanent cure is either to be expected or secured.

I do not think it worth while to mention particularly any other of the numerous medicines that have been successively introduced to the notice of the profession as curative of lepra, and then subsequently abandoned as inefficacious; among these I reckon the decoctions of dulcamara, of mezereon and ormus pyramidalis bark, the watery extracts of white hellebore, of the rhus radicans, rhus toxicodendron, &c. That lepra may now and then have got well under the influence of dietetic or medicinal courses, of which, each of these articles formed parts, it would be unfair and absurd to deny,

but of themselves they seem to be totally without influence on the progress of the disease.

A plan of treatment purely dietetic will seldom if ever be found adequate to cure lepra. Attention to diet, however, and to every particular of general hygieina, are very important in preserving individuals predisposed to the disease from suffering a relapse, after having recovered from an attack of the disease; nor, as means tending powerfully to the same end, ought the influence of some of the natural sulphureous mineral waters, as those of Harrowgate, Leamington, Bath, &c. to be overlooked: one or other of these may always be confidently recommended to the leprously disposed.

CASE OF LEPRA VULGARIS.

A lady, aged 25, came to consult me in the beginning of April 1832, on account of leprosy, under which she had laboured for the last seven years. When she applied to me, the disease was not confined to any particular region, but extended over the whole of the body, with the exception of the hands, feet, and face. The head had been shaved regularly once a fortnight during the last three years, for the convenience of making applications to the spots. The squamous patches, on the body and limbs, varied in size from that of a crown piece to that of a sixpence; they were all of a very regular round shape, though some of them had run together in different places and formed broad continuous patches. The edges of the several patches were of a more vivid red, and appeared more raised than their centres, which, for the most part, were covered with thin scales, constantly falling off, but as constantly reproduced. Several of the spots, however, were declining, and presented nearly the same pale colour as the skin at large; the red raised edges which surrounded these, formed simple rings, enclosing patches of apparently healthy integument. Other spots again were on the increase, and appeared as small red elevations, covered with a thin shining scale of similar dimensions. The patient informed

me that this process of decline in one part and of increase in another, had been constantly going on for rather more than the last seven years.

The patient was otherwise in good health, complaining of nothing except a proneness to occasional headach. She had made trial of all the usual remedial means prescribed in cases of scaly leprosy without success, with the single exception of the sulphur fume baths; and it was with the view of trying the effect of these, that I was now consulted.

This patient began by taking three vapour baths, in order to free the surface in some measure from the thick covering of scales spread over it, and a few doses of aperient medicine as preparatory measures. The sulphur fume baths were only commenced on the 17th of April, one being taken every other day. But the disease was still in too active a state to be benefited by this treatment; in a week the patient was literally of a uniform and bright scarlet red colour, and very many new spots were brought out, to which her attention was directed. She therefore ceased to take the baths till the 30th, when she again commenced them. By this time the general redness had disappeared, but the leprous spots were much in the same state as before. May 10th, The new spots had not maintained the character of the former ones, not having gone on gradually extending, and many of them having even receded entirely. The baths were now taken daily, but up to the 20th of May so little progress had been made in the cure, that I bled the patient to fourteen ounces. The blood was natural, but firm in texture.

30th, A great improvement had taken place since the bleeding, many of the spots having disappeared and left red rings, some of which were broken through in different places, the skin in the gaps presenting its natural appearance. June 9th, Improved, though not to so great extent as during the interval up to last report. Few entire red patches remained, but the old rings had undergone little variation. To these with a camel's hair pencil the patient was directed to apply a little diluted aromatic vinegar every night, and she com-

menced taking four drops of the arsenical solution morning and evening, in a cup of barley water. 19th, The patient began to complain of a troublesome itchiness of the skin, which very usually occurs in consequence of the excitement occasioned by the heat of the bath and the effects of the sulphur; this, however, did not deter her from continuing the fumigations till the 24th, when the pruritus was so much increased, that they were discontinued for a few days. Having suffered from pains and uneasy sensations in the stomach and bowels also, the arsenical medicine, which had been increased to ten drops twice a day, was likewise left off for a time.

July 3rd, The patient, being now free from pain in the abdomen, and the pruritus of skin having subsided, resumed the fumigations together with the medicine. At this date she was greatly better. 13th, The skin had become much darkened and hardened from the effects of the sulphur. This state I knew to be the herald of the process of peeling or desquamation which always follows the continued use of the sulphur fume bath, and from which I anticipated the best effects in this case; I therefore advised the sulphur bath to be discontinued for six weeks; and to facilitate the peeling of the skin, I recommended a few water baths, and now and then a vapour bath to be taken, whilst the arsenical solution was steadily persevered in, so long as no unpleasant constitutional symptoms supervened.

I did not see this lady again until the end of September, when the whole of the leprous spots had disappeared, except two or three on the abdomen. To these she was advised to apply the aromatic vinegar as before, and still to await the result of the treatment, as desquamation of the cuticle had not yet come to an end.

This lady visited me again in the April of 1833, with a return of her complaint, but of very trifling extent, showing itself only on the body, and consisting in all of not more than a dozen spots. She was so much convinced that the bleeding had exerted a beneficial influence in the treatment of the year

before, that she had had herself bled before visiting me, with the intention of resuming the sulphur fume baths. Eighteen of these, on this occasion, removed every trace of the disease.

This lady informed me that she had gone on *peeling* during the greater part of the winter, and had lost all vestiges of her complaint, till on the return of spring, when, as just stated, it showed a disposition to recur.

Since this trifling attack the patient has remained quite well. On this latter occasion, no medicine whatever was taken.

Case 2. Very nearly at the same time (April 1832) as the last patient, a lady from Ireland consulted me on the same form of squamous disease—leprosy, and it was an odd coincidence, that this lady, on comparing notes with the one whose case has been just detailed, found that they had both been assailed with the disease about the same period, and were so similarly affected, that the account of the symptoms in the one proved to be a correct detail of those in the other. It is not very usual for lepra to appear on the hairy scalp, but this latter patient, like the former, was so attacked, and had been in the habit of having her head shaved for three or four years, every ten days, or once a fortnight, for the convenience of making applications of different kinds to it. The only difference in the cases was that this second patient was 29 years of age, very prone to what she described as feverish heats, and to headachs, and was further of a very constipated habit. The numerous spots and patches were in all particulars alike in both patients, who were both of strong make, and in the enjoyment of fair average health. The first lady took the sulphur fume bath fifty-one times, between the 17th of April and the 13th of July, before the complaint disappeared, and she had a slight return of it the following year. The latter lady had forty-seven fumigations administered, between the 20th of April and the 23rd of June, when it was judged unnecessary to continue them longer. After the process of peeling was completed, this lady found herself quite well, and has had no return of her malady up to the present time.

She was bled and took medicines similar to those prescribed in the first case, with the addition of an aperient draught most mornings, when she first commenced the use of the fume baths; aperient medicine, indeed, was required from time to time, throughout the whole course of the treatment.

The arsenical solution, given with the usual precautions, has long and justly held a high reputation in most countries, for its influence over lepra. I am anxious, from my own experience, to attest its beneficial powers in this disease. It is not improbable but that both of the cases detailed would have recovered under the use of the sulphur fumes, without the addition of so powerful a medicine as arsenic; and, indeed, I have known many cases that have been of short standing recover without any assistance from other means, even without the use of bleeding. But in cases of longer standing, I have reason to conclude that both of these adjuncts are advisable, and tend greatly to abridge and facilitate a cure. Leprous patients perspire readily and abundantly whilst in the fumigating bath; in psoriasis, another scaly disease, I have found them to perspire less freely, and still less in general pityriasis, when the scales are much thinner, for the most part smaller, and much more continuous.

I have selected these two cases of lepra on account of their long standing, and because I think they tend to show the powerful remedial influence possessed by the sulphur fume bath, in this peculiar and generally intractable disease. These cases I also consider as fair specimens of the utility of conjoining internal medicines with the fumigatory method; for although the latter has been upheld as adequate to cure lepra by itself, and I have known many instances of the fact, yet when we have a disease of an acknowledged rebellious character to contend with, it seems to me well to meet it with the whole of the corrective powers we possess.*

* Dr. Bardsley, in his "Hospital Facts," abstains from detail relative to the medicines given when putting to the test the efficacy of fumigations in the cutaneous diseases.

Of the value of his preparatory treatment there can be no doubt, and

Few are aware how very commonly scaly leprosy prevails in London; those who are affected with it, and indeed with any cutaneous affection, generally concealing the circumstance even from their most intimate friends, as if there were something disgraceful attached to this class of complaints. Individuals in every class of society are, however, subject to most of these, and to lepra in particular. The disease I find one of every day occurrence, and by no means so intractable as I used at first to believe it, or as is supposed. Most slight cases will get well readily under the use of the sulphur fumigations, assisted by very gentle medicines; others require greater perseverance, and the administration of medicines of a more active kind, among the number of which I believe the preparations of arsenic to deserve the preference. I never had but three cases of leprosy, which by their obstinacy disheartened both myself and patients; one was that of a gentleman who took the sulphur fume bath upwards of a hundred times, without deriving much or any permanent good from it. Another gentleman, after a trial to the same extent of this means, and a similar result, went to India, and I heard no more of him. The third is a medical gentleman, who has had the disease from puberty, and is now fifty years of age. He too has taken more than a hundred fumigations, though very irregularly, and considers himself incurable of the disease in question; otherwise he is in fair health.

although he speaks and his tables show so favourably in regard to the merits of the fumigatory method of treatment, I have reason either to doubt the excellence of the construction of the apparatus employed, (notwithstanding Dr. Bardsley's assurance upon this point,) or to judge unfavourably of the way in which the fumigations were administered, from the results as shown in the tables. Dr. Bardsley's other statements relative to the fumigatory method deserve the particular consideration of the profession.

PSORIASIS.

Psoriasis, or dry scall, is a chronic inflammatory affection of the skin, characterized by patches of various extent, irregular in their outline, uniformly but slightly raised above the level of the surrounding surfaces, and covered for the most part with brilliant white and very dry scales.

This disease occurs under a considerable variety of forms, which have been classed under different heads: in one case the patches are distinct and of small size; in another they are larger and blend with one another; in a third they occur twisted or in lines; and in a fourth they are so broad, and the traces of their original outline so completely lost, that extensive regions of the body appear encased as it were within one continuous scaly covering.

In its first and simplest form, psoriasis appears in the shape of small, red, distinct elevations, the size of large pin heads, which speedily become covered on their summits with thin, dry, white scales. These little raised spots enlarge gradually, but not very evenly, and whilst they are on the increase always continue more elevated in the centre than around the circumference; it is only when they begin to go off that they appear depressed in the middle; for the patches of psoriasis, like those of lepra, get well chiefly from the centre towards the circumference. The patches at their height are not more than about two eighths of an inch in diameter, and being covered with somewhat translucent and rather opalescent squamæ, they look very much like large drops of liquid adhering to the surface of the region upon which they are evolved, whence the distinguishing title of this variety of the disease, —psoriasis *guttata*. .The squamæ when detached are very speedily renewed; the spots they conceal appear highly inflamed, and somewhat raised above the level of the surrounding surfaces; they are also the seat of considerable pain, when denuded of their scaly covering.

Psoriasis *guttata* is met with of very various degrees of

severity; occasionally the disease is confined to a few spots upon the back of the trunk, and outer aspects of the limbs; at other times, it extends over almost the whole surface of the body, which is either covered at once by a general burst, or successively by partial crops of the eruption. When the disease is general, the patches are always most numerous on the back, and along the outer and posterior aspects of the extremities. This variety of psoriasis is not observed to be attended with general constitutional symptoms; it is also the form of the disease which is most easily subdued.

Besides this distribution of the patches over various extents of surface, at pretty regular intervals, the papular eminences that constitute the elementary form of psoriasis, are sometimes, though very rarely, seen evolved in convoluted lines, which give the disease a very peculiar and characteristic appearance. This rare variety of the disease, when it occurs, is commonly observed on the back or shoulders. It is entitled, psoriasis *gyrata*.

Instead of continuing in the shape of distinct scaly spots, with intervals of healthy integument between them, the red papular looking spots, which form the first stage of psoriasis, are often evolved so close to each other that they speedily unite, and thus cover entire districts with one continuous and irregular shield of scaly incrustation. The disease in this case is entitled, psoriasis *diffusa*. This and psor. *guttata*, just described, begin precisely in the same manner; indeed they differ in no one essential feature, save in the accidental greater abundance of the eruption in this than in the former variety, and the consequent continuity of the squamous patches to which the circumstance gives rise. The two forms of psoriasis, therefore, are frequently observed on different parts of the same patient's person: on the trunk the disease has generally the characters of psor. *guttata*, on the extremities those of psor. *diffusa*. Psoriasis *diffusa*, however, is indicative of the disease in a much severer and more intractable shape than psoriasis *guttata*. The eruption is ac-

companied with a higher degree of local irritation, the parts affected are the seat of severe burning pain and violent itching, which are both greatly increased by whatever stimulates or tends to raise the heat of the surface; psoriasis *diffusa* is also very generally attended with symptoms of constitutional disturbance; we have restlessness, quick pulse, thirst, furred tongue, and evident gastric derangement present whenever the disease shows itself in any degree of intensity.

The extremities are the usual parts upon which diffuse psoriasis is evolved, and it is not uncommon to see the whole of the leg, from the knee to the ancle or instep, and the entire surface of the forearm, from above the elbow to the wrist, encased in one thick and unyielding shell of squamous incrustation, furrowed and checquered on its surface generally, and cracked and pulverulent in the neighbourhood of the articulations. These shells are oftenest seen on the anterior aspect of the leg, and posterior surface of the forearm, and when in these cases the incrustation is partially detached along its edges, as frequently happens, a bright red shining and highly inflamed surface is exposed. These are the parts also from which the disease always recedes most reluctantly, under the operation of remedial measures; the elbows, the backs of the forearms and the shins, often show patches of the eruption, perfectly characteristic, when it has yielded in every other quarter of the body.

When psoriasis has continued for many months, and, perchance, for several years, in whatever form it may have begun, it acquires peculiar characters at length, which have led to its designation by the title of psoriasis *inveterata*. Under these circumstances, those parts of the skin which are the seat of the disease are thick, hard, and unyielding, by no means highly inflamed under the squamæ, (which are white, often of great thickness, and constantly evolved in immense quantities,) and intersected with deep, bleeding, frequently discharging, and always very painful fissures. The squamous crust, which then encases the parts affected, is extremely

rough and uneven on the surface, and has been compared not unaptly to the rugged bark of an aged oak or elm tree covered with lichens.

This very aggravated form of psoriasis is always attended with much suffering; large patches of the hypertrophied skin occasionally lose their cuticle along with the case of incrustation that covered them, and the painful and extensive excoriated surfaces are exposed, that seldom fail to have a very unfavourable effect on the general health of the patient; and when it is considered that psoriasis *inveterata* is principally met with among aged subjects with broken down constitutions, and frequently of dissipated habits, it may be imagined that the disease we have to do with is one of no slight or insignificant description.

Psoriasis *inveterata* may appear as a partial disease, confined to one or two regions, or as a general affection and implicating nearly the whole surface of the body. It is however most frequently seen on the limbs, with the morbid actions of the disease extending even to the matrices of the nails, which are then misshapen, rough, and ragged, split into pieces, and more like friable squamæ than the firm elastic and horny plates they form in the healthy state.

Besides these, which may be held the grand divisions of psoriasis, the disease presents several peculiarities, according to the part upon which it is developed, that deserve more than a passing notice.

Although not frequently seen on the scalp alone, still psoriasis is occasionally met with on this part, when it usually causes inflammation of the secreting bulbs of the hair, and the temporary loss at least of this appendage. On the face it is oftener confined to the eyelids or lips, than more extensively diffused over this region. Psoriasis *ophthalmica* is characterized by the occurrence of little squamæ or squamous patches about the angles of the eyes, and over the eyelids, which are tense, painful, itchy, and a good deal impeded in their motions. The inflammation in this variety often extends to the conjunctiva, and then we have the external disease complicated

with a very obstinate affection of the outer covering of the eyeball and the lining membrane of the eyelids. This affection is common in childhood.

The coloured part of the lips is also subject to an inflammation, with frequent desquamation of the epithelium, which has some analogy to psoriasis, and has been described as a variety of this disease under the name of psoriasis *labialis*. The epithelium in this affection is thickened, then cracks, and is at length detached in shreds of considerable size. A new cuticular covering is formed under the old one; but even before this is completely detached, the recent formation begins itself to harden and to crack, and is by and by detached like that which preceded it; and this process goes on incessantly often for months and even for years, the lips being all the while hot, painful, and very stiff.

Psoriasis is occasionally seen seated on the *scrotum* and even on the *prepuce*, without implicating any other part of the body. The disease in these cases is apt to prove rebellious and of long continuance. The skin of both the parts affected thickens, and mostly becomes badly chapped, and frequently extensively excoriated. The disease of the scrotum is very generally complicated with an evolution of impetiginous pustules. The pain and pruritus then endured are, as may be imagined, extremely distressing.

But the most important and interesting local variety of psoriasis is that which attacks the palms and backs of the hands, and is vulgarly entitled *grocer's itch* and *baker's itch*.

Psoriasis *palmaris* begins in the same manner as the distinct and diffuse varieties of the disease, by one or more red and slightly raised spots on different parts of the palm of the hand. These are soon covered on their summits with little dry white scales, which are themselves by and by surrounded by bright circles of inflammation, over which the cuticle thickens, dries, cracks, and is partially detached. The first circle of inflammation is soon surrounded by another, this by a third, and so on, till the entire surface of the palm, and frequently the palmar aspects of the fingers to their points, are implicated; the whole of the parts then become hard, stiff, and

dry; the hand remains fixed in a state of semiflexion, and cannot be opened without much pain; the lines naturally observed on the palm are greatly increased in depth, and the spaces between them covered with thick laminated cuticular squamæ. When the disease has continued for some time, these lines are changed into fissures, which add greatly to the suffering of the patient, and bleed whenever he attempts to use the hand. The whole of the parts thus affected are highly inflamed, and in general acutely sensitive. The disease, as the name implies, is frequently met with among grocers, bakers, dyers, washerwomen, smiths, and various other handicraftsmen.

Instead of the palms being the parts affected, psoriasis is occasionally seen confined to the *backs* of the *hands*. In this case, the disease is evidently a mere partial variety of the psoriasis *diffusa*, from which it does not differ in its mode of appearance and progressive development. This like the palmar variety is a very painful and troublesome complaint, being attended with deep but generally dry chaps in the line of the articulations, and wherever any thing like regular motion occurs. Like the last, this variety of psoriasis is frequently observed among bakers, grocers, and others whose hands are habitually exposed to the contact of pulverulent and irritating substances, alkaline or chemical liquids, &c; but it is also occasionally met with among individuals in classes of society, where none of these causes can be supposed to have had any influence on its production.

The causes of psoriasis generally are extremely obscure; a very few local varieties only appear to be evolved under the influence of direct stimuli. Individuals in the prime of life, and in other respects in apparently perfect health, frequently suffer from its attacks. The distinct variety is by far the most common; this, indeed, is one of the most common of all the chronic affections of the skin. When the disease is partial, it is rarely attended with symptoms of constitutional disturbance; when general, however, it is often complicated with derangement of the chylopoietic viscera, and is either

preceded or accompanied with languor, inaptitude both mentally and bodily, and loss of appetite. Psoriasis is not contagious in any of its forms; but it is one of the diseases that is most certainly known to be transmitted from parents to children. It occurs at all seasons, but especially in the spring and autumn; and it attacks individuals in all classes of society, although it is undoubtedly more frequent among those who live in the midst of filth and wretchedness.

Psoriasis is not apt to be mistaken for a great number of other diseases of the skin, but it bears a very strong resemblance to one or two, especially to lepra, from which it is at times distinguishable with the greatest difficulty; to say nothing for a moment of the fact that the two diseases seem often to change into one another, or to assume the characters respectively, which are usually held distinctive of each. In general, however, psoriasis *guttata* and lepra are distinguished from each other by the dissimilar appearances presented by their patches, those of psoriasis being smaller, somewhat irregular in their outline, and raised in their centres, but not at all so in their circumferences, whilst the patches of lepra are of considerable breadth, depressed in their centres, raised in their circumferences, and extremely regular in their outline. When the patches of lepra coalesce and give rise to a continuous scaly surface, the circles of which it is made up are still indicated by the even circular sweeps observable in its circumference; when psoriasis *diffusa* again occasions a surface of this description, it is always irregular and very frequently angular in its outline. Psoriasis *inveterata* of the extremities is always readily distinguished from all the other forms of squamous eruption, by the rough and furrowed shells with which it invests, as it were, the parts affected.

Psoriasis *guttata* of the scalp differs from pityriasis of the same part in the larger size and greater thickness of its squamæ, and in the presence of a distinct papular elevation in the middle of each of the scaly spots.

From the squamous blotches, under form of which the syphilitic poison lurking in the constitution occasionally pro-

claims its presence, psoriasis in all its varieties may commonly be very readily distinguished. Syphilitic squamous patches, for instance, are of a dusky copper colour, those of psoriasis *guttata* of a bright vermilion red. The squamæ of the syphilitic spots are few and flimsy, those of psoriasis thick and abundant; syphilitic blotches, divested of their squamæ, are smooth, soft, and scarcely if at all raised, those of psoriasis are hard, rough, and prominent under the finger; squamous blotches are but one of a host of other symptoms which proclaim the presence of the venereal poison when it has contaminated the system, and these always give hints sufficiently intelligible of their true nature and origin. I say nothing of the diagnostic inferences which are to be drawn from the influence of various curative means upon these different eruptions, conceiving that diagnosis ought always to precede and be subservient to treatment.

I do not think it necessary to enter into the particulars of the diagnosis between psoriasis and various other diseases, especially chronic eczema, which are accompanied with laminated incrustations, but appear under different elementary forms. The presumed resemblances of these affections are more in imagination than in fact. Neither does it seem requisite to state minutely the points of resemblance and of difference between psoriasis and lichen *circumscriptus*, attended with a squamous desquamation from the surfaces upon which it is developed; the previous history of the two diseases, and the presence of the naked elementary papulæ of the lichen, being always sufficient to distinguish the papular affection from the scaly one in question.

In distinguishing between psoriasis and other diseases, it is very necessary to be aware that this affection sometimes occurs associated with others of a different as well as of the same order. Thus it is not uncommon to find a patient affected with psoriasis and lepra at the same time. Psoriasis and pityriasis also occur pretty frequently together. In young children, psoriasis and *impetiginous* eczema in combination, occasionally attain a high degree of intensity, and

this association has even been described by Willan as a further variety of psoriasis under the title of psoriasis *infantilis*. Psoriasis of the hairy scalp has been observed associated with porrigo *favosa;* and I have myself, oftener than once, seen psoriasis of the scrotum linked to a pustulous eruption (ecthyma) of the same part. These complications are to be regarded as purely accidental, and not as transformations of psoriasis into any other species of cutaneous disease.

Psoriasis in every one of its varieties must be admitted to be a severer and more intractable disease than lepra. Generally speaking, and of itself, it is not dangerous; it is only when it occurs in shattered constitutions as one in the long list of other evils, that it seems to prejudice life. Psoriasis *guttata*, obstinate as it almost uniformly proves to every plan of treatment, is nevertheless the most yielding variety of the disease. Psoriasis *diffusa* is much more rebellious, and psoriasis *inveterata* sometimes absolutely incurable, or only to be subdued by months of the most persevering and energetic treatment.

When psoriasis *guttata* begins to yield to the means employed, the patches sink to the level of the surrounding integuments, the squamæ fall off and are not again reproduced, and the points affected gradually lose their harshness and increased redness. Psoriasis *diffusa* and psoriasis *inveterata* on the way to recovery, first lose their continuous scaly crusts, and acquire the form of psoriasis *guttatu*. The symptoms of inflammation gradually subside, the chaps disappear, the surface loses its tense shining red appearance, the parts affected regain their pliancy and softness, and by slow degrees resume the characters of the healthy integument.

What has already been said with respect to the treatment of lepra is applicable without restriction to that of psoriasis. Topical applications in combination with general means, the abstraction of blood from the arm, and the prescription of arsenical and other powerful medicines, are perhaps even more valuable in this disease than in lepra. When the dis-

ease is confined to particular districts, the attachment of a number of leeches around the parts affected is often of great service, and when the disease is on the increase, the patches may frequently be prevented from extending and running into one another by the argentum nitratum applied in substance around their circumference. When the patches are thickly covered with squamæ and very indolent, they may often be advantageously aroused into new action by the use of a liniment consisting of an ounce of olive oil, half an ounce of the liquor potassæ, and an ounce of rose water. The same good effect is frequently obtained by touching the spots with the strong acetic acid or aromatic vinegar a little diluted.

Of all the internal remedies which have yet been tried in psoriasis, arsenic in one or other of its forms is unquestionably that which is deserving of the greatest share of confidence. I have already hinted at the precautions proper to be observed in administering this as well as several other active medicines, and having done so, I shall only repeat here, that with these arsenic is no more a dangerous medicine than any other article of sovereign power upon the system, such as opium, antimony, mercury, &c. which we are in the every-day habit of employing without a thought of their deleterious influences in excessive doses.

The arseniate of soda appears to be the mildest form in which arsenic can be administered; this, however, is not the most potent in its effects upon disease, being greatly surpassed in this particular by the arseniate of potash, which dissolved in water under the title of Fowler's solution or liquor arsenicalis, is the preparation of the metal now most commonly and universally prescribed. There is still another formula for the administration of arsenic of even greater potency under certain circumstances, and with which we occasionally succeed in curing psoriasis after having failed with the Fowler's solution, this is the pilula asiatica, the asiatic pill, a combination of the arsenious acid or white oxide of arsenic, with black pepper; the formula I follow for their preparation is the following: R. oxid. arsenic. alb. ʒi. pulv. rad. glycyrrh.

ʒvii. pulv. piper. nigri, ʒvi. syrup. simp. q. s. Ft. pil. no. 846. The dose at first is one daily.

For my own part then, I have no objection to urge against the use of arsenical medicines; on the contrary, I have not a word that is not in their favour: I have never seen them produce more than the most transient disturbance of the constitution, which I have often known exceeded in amount by that which follows the brisk action of an ounce of sulphate of magnesia, and I have repeatedly seen psoriasis in its most inveterate form, which had existed for six, eight, and ten years, and resisted every other remedy and plan of treatment prescribed, yield at once to their powerful influence.

But I have lately held myself independent even of this most excellent medicine in the treatment of psoriasis. By taking away a little blood from the arm, exhibiting a few aperient draughts, and soothing the irritable state of the surface by means of an emollient gruel bath in the first instance, and then resorting to the vapour and subsequently to the sulphur fume bath, I have never failed either in affecting the most signal amendment in the state of this rebellious disease, or in subduing it entirely. The cases which I shall select from among many others, are given not on account of their peculiar interest, but from their strong resemblance to each other, and to illustrate the method of treatment I am in the habit of pursuing in the disease.

The local varieties of psoriasis are to be treated in the same manner as the more general forms of the disease. A course of purgatives has often a marked and very beneficial influence on several of them. The application of a number of leeches in the neighbourhood of the affected parts ought never to be neglected: they may be attached under the angle of the jaw or behind the ear in psoriasis *ophthalmica*, and around the wrist in psoriasis of the palm and back of the hand. The watery vapour and sulphur fume douche are often of essential service in these partial affections, as the steam and sulphur fume bath are in the more general disease.

When the parts are freed from squamæ by the use of the

vapour bath or douche, a variety of unguents are often extremely useful in giving a favourable turn to the inflammation. I have already spoken of the liniment of the liquor potassæ. The unguentum hydrargyri nitratis of graduated strength, or a salve of the precipitated sub-muriate of the same metal, will often be found useful, especially in the *ophthalmic* and *labial* forms of the disease. In several of the other varieties, an ointment of the proto-ioduret, or deuto-ioduret of mercury, (12 grains to the ounce of lard,) or of the ioduret of sulphur, (15 to 20 grains to the ounce of lard,) will be found to infuse activity into the few indolent patches that sometimes remain about the elbows, having obstinately resisted the curative means that have been successfully used against the disease in other quarters. The ointment of the tartrate of antimony (20 to 30 grains to the ounce of lard) is often employed with similar views. Psoriasis of the scrotum, when complicated with impetiginous pustules, which used to be held, and with reason, one of the most rebellious of diseases, I can calculate with certainty on subduing in the course of a fortnight or three weeks by means of the sulphur fume bath.

CASE OF PSORIASIS.

In the summer of 1833, a gentleman of a phlegmatic delicate habit, aged about 50, who had served many years in warm climates, was recommended to me for my advice in a complaint of the skin, which had existed for ten years, during the whole of which time he had never been quite free from it. The disease appeared in the shape of small red spots, on the summits of which, in the course of twenty-four hours, minute silvery scales were formed. These spots then went on extending, and became covered with thicker and broken scales, which were in a state of continual decadence and renovation. They were attended with a feeling of heat and itching under them. This gentleman's health was good, but he was of weakly constitution. During the lengthened period of ten years, he had tried all reputed means of cure, and medi-

cines of every description for the removal of this complaint, without avail.

When he applied to me, May 5th, 1833, the back was covered with one continuous dry and hard scaly plate of incrustation, extending from the level of the scapulæ to the nates, and occupying one side of the whole front of the body, from the mamma to below the umbilicus; the other side was free from disease. There were also many large patches of various sizes on the thighs, legs, and arms, and the scalp was covered with a thick layer of the same dry incrustation. The patient was subject to feverish heats, and to dyspeptic symptoms, but not of an aggravated kind.

He was directed to take a tepid water bath every day, with four ounces of the subcarbonate of potash dissolved in it, and to remain immersed for an hour, or as much longer as he could conveniently. This was done with a view of softening the skin generally, and aiding in the dislodgement of the scales. On the 15th, the surface appeared in general pretty free from squamæ; the patches from which they had fallen, but especially their edges, were of a vivid red. He now commenced by taking each day a vapour bath, and to the patches the following liniment was applied night and morning with a view of detaching still more the hardened squamæ. ℞ Liquor. potassæ ʒi. ol. oliv. ʒiß. aq. rosæ ʒi. ft. liniment. 20th, From the united action of the vapour baths and the application of the liniment, the old scales were now almost all detached, but thin ones would form during the course of a single night. Some of the smaller spots seemed to be extending in size and looked very red. The patient now took a sulphur fume bath every other day, using the vapour bath on the intervening days, and continuing the liniment. As yet no internal medicine had been directed, the patient expressing great reluctance to begin a new course of physic. 30th, The patches and spots comparatively clear of squamæ and red, no diminution of size; the scales are renewed through the night. The vapour baths given up, and the sulphur fume bath taken daily. June 10th, The appearances much the same; the

smaller spots have ceased to extend; those about the size of a sixpence which are nearly covered with one thin scale, on its being lifted up and forcibly detached, show an adhering pedicle in the centre, and a corresponding depression leading to the under or true skin, precisely as is seen in lepra. The edges of the spots and patches were of an increased red, though not elevated as in leprosy, nor were the centres depressed and of a paler hue as they are in that disease; here the patch or spot was of an uniform red all over, the edges only being of a more vivid tint than the other parts, and the whole of the patch or spot raised above the level of the adjoining healthy parts, apparently to the amount of about the thickness of a sixpenny piece.

A dozen of leeches were directed to be applied contiguous to some of the spots that were more isolated than the rest. The bites of these occasioned a considerable hemorrhage, and the patient complained on the 15th of feeling weaker since their application; his pulse indeed was feeble; two of the leeches had fastened themselves within the area of one of the spots, and one within the area of another. On the 20th, both of these spots were paler, flatter, and more easily folded between the finger and thumb than the others, and the large patches or spaces generally, looked somewhat less inflamed; the scales still continued to form during the night, but were thinner in substance. On account of the evident amended appearance in the spots, the patient assented to the application of twenty leeches to some of the larger patches; he objected to general bleeding. 20th, Complains of weakness, though gratified with the apparent amendment in the spots and patches; directed to take the fume bath every other day, and the following mixture: ℞. Liq. ammon. sub-carb. ℥iß. infus. caryoph. ℥vß. two table spoonfuls twice or thrice a day in barley water.

25th, The patient thinks the medicine is of service to him; he awakes in the morning with some little perspiration on the skin. He had from the beginning used the liniment to the scalp, and worn an oiled silk bathing cap under his wig.

the scalp was now quite clear, and had ceased to form scales; the feeling of general weakness had gone off; the fume bath was resumed daily.

July 5th, Many of the spots now seem about to disappear, as the red circumference is broken in various places, and the parts cleared have the colour of the skin when it is healthy; the edges of the larger agglomerated patches have the same appearance, and in their areas there are numerous spots of the natural colour; generally, very few scales are now formed.

10th, The apparent amendment since last report has continued; the edges of the spots and patches almost uniformly appear as broken red rings, the centres approaching the pale natural colour of the skin, as those of the spots of leprosy do when declining. To some of those remaining red parts the diluted aromatic vinegar was applied, and others were touched with the lunar caustic in substance; the latter proved the better application.

The entire surface had become much darkened from the action of the sulphur, and the commencement of the peeling process was now daily to be expected. July 20th, Many of the patches were sore from the repeated application of the caustic. Half a dram of the liq. potassæ in a solution of extr. sarsaparillæ was ordered twice a day, in addition to the fume bath every other day, whilst the diseased parts were left to themselves. 30th, The parts made sore by the use of the caustic had healed; there still remained much disfiguration of the surface from the red broken lines and partially healed patches of the disease.

August 1st, The patient now consented to try the asiatic pills, though he had taken them some years before without benefit. 20th, Found himself constitutionally inconvenienced by the medicine; he had taken but $\frac{1}{14}$ of a grain night and morning. It was therefore discontinued, and the use of the fumigating bath, of which he had now had sixty-three, was also suspended for a season.

This gentleman may be said to have begun the treatment on the 15th of May, and in three months its effects were very

conspicuous, for the disease had disappeared from many places that were thickly beset, and in none did it now extend in broad continuous patches; it was every where broken up and on the way to recovery. To my great mortification, I lost sight of my patient at this interesting moment, and did not see him for nearly a year. In June, 1834, he visited me again. He informed me that after giving up his visits last year, he had gone to Bath and taken the warm water baths, and thought his astonishment would never cease from the abundant and continued thick peelings he had undergone from the skin. The result was very gratifying: he had been *perfectly free from all skin complaint*, till within a fortnight of the time of his now visiting me. He had also grown robust. On examining him, I found all the large spaces which before had been occupied by the disease, of a darker hue than the other parts of the skin, but perfectly free from heat and itching, and as pliable as the most healthy integument.

During the last fortnight a number of red spots had appeared on the body and limbs, which extended rapidly, and became covered with scales. Some of the spots were already as large as a crown piece, but none of them occupied the sites of the old disease, and most of them were only the size of a shilling. His health had become so good, that he made no objection to being bled at once, and I took from him a pint of thick buffy blood, the serum of which was turbid and oily in appearance. The spots were touched all over with caustic, the fume baths were recommenced, and $\frac{1}{12}$ of a grain of oxidum arsenici was prescribed night and morning; this was on the 4th of June, 1834. By the 14th many small spots had made their appearance, seemingly brought out by the stimulus of the fumigations, which he took daily. These spots, however, were of no long continuance; some of them indeed were already on the decline, all were paler, and certainly not any extending. The larger spots, as before, were excited to oozing by the caustic. 24th, Several of the spots had now disappeared; others seemed to have expended their virulence, or passed their height, and looked of a brownish red. The medicine agreed with the

patient, and the dose was not increased, lest by its disturbing the internal functions, he might be obliged to discontinue the sulphur fumigations, on which the ultimate success of the treatment was mainly placed. July 24th, The fume baths which had been taken but irregularly of late, were now given up entirely, as it appeared that the disposition to a continuance of the disease was subdued, and it seemed probable that after the process of desquamation was completed, all traces of its presence would gradually be lost. This happened exactly as I had anticipated; and all my experience in the disease in question (psoriasis *diffusa*) gives me reason to hope that this may be the last attack this gentleman will suffer; at all events, that any symptoms of a recurrence of the disease, if taken in time, will at once and readily yield to a small bleeding, and the use of the sulphur fume bath for a fortnight.

Case 2. A lady of a healthy and florid appearance had been the subject of psoriasis *guttata* for four years, during which time she had never been quite free from the disease, though she had enjoyed a respite from the symptoms during the spring and summer months; paying for this, however, by an aggravation of all her sufferings in the autumn and winter. Almost every point of the surface of the body of this lady, with the exception of the face, palms of the hands, and soles of the feet, was covered with red spots, surmounted by thin, silvery shining scales; the itching which attended this eruption was exceedingly troublesome; the scales were constantly falling off and renewing themselves; the patient had long been in the habit of collecting nearly half a wash-hand-basin full of these small scales from her bed every morning; her general health was good; the pulse full and strong. This lady had no want of perspiration when excited by exercise. She came to me intending to commence the sulphur fume baths immediately; I advised her first to take some opening medicine and to be bled.

This done, she began the sulphur fume bath on June 18th, 1834, taking one daily. On the 24th there was a diffused

redness between the spots all over the skin, and the scales were gone—discontinued the fume bath. 28th, Scales had again formed all over the body, but so flimsy in their nature as to appear thinner than the film that covers the white of a boiled egg; the general vivid redness had disappeared, and the spots were again more distinct; the sulphur fume bath was resumed daily. July 4th, The whole of the spots again free from scales, and the general redness of the surface reproduced, accompanied with much itching; I did not, however, think it necessary to suspend the baths on this occasion; a dose of calomel was ordered at night and a black draught next morning. 10th, General redness much abated, itching continues, and a numerous crop of red pimples, attended with great itching, has appeared on various parts, particularly on those that are irritated by the pressure of the dress. Again bled to twelve ounces, and the baths discontinued for two days. 13th, Pimples and redness gone, and itching much abated; the fumigating baths resumed, one being taken daily until the 25th. The skin then appeared as it usually does preparatory to a general peeling, and all treatment was now left off, the patient considering herself well. I rather expect, however, that before the year is at an end, she may have some slight return of her complaint; it had existed for too long a period to allow of any reasonable expectation being entertained that it would be finally and permanently subdued by a course of treatment that lasted for little more than five weeks, during which time the patient was bled twice, and took thirty-six fume baths.

I think it unnecessary to quote a greater number of cases either of these or of any of the other varieties of psoriasis. The local varieties of the disease are in general very readily controlled by the means employed in these more general cases. The psoriasis *scrotalis* in particular, though generally regarded as a most obstinate disease, I have repeatedly succeeded in

subduing, in the course of a fortnight or three weeks, by means of the local abstraction of blood and the use of the sulphur fume bath.

PITYRIASIS.

Pityriasis, although often rather an obstinate disease, may be regarded as the slightest of all the squamous affections of the skin. It is characterized by the formation of numbers of small red spots, often scarcely perceptible, from the surface of which a copious furfuraceous or remarkably fine desquamation takes place.

This disease more frequently appears as a partial than as a general affection ; by much its most common seat is the scalp, but it also occasionally attacks some of the other regions covered with hair. The disease is less commonly seen extending over the whole or a great portion of the whole surface of the body. Besides these varieties in point of extent and situation, pityriasis occurs with other peculiarities in regard to colour. The number of species signalized by pathological writers, on one or other of these grounds, amounts to four : pityriasis *capitis*, pityriasis *rubra ;* pityriasis *versicolor*, and pityriasis *nigra*. The disease spoken of by Bateman under the title of pityriasis *nigra*, is not accompanied with any desquamation, and was therefore misplaced among squamous diseases. I have referred it along with the more recent continental writers to the order of dischroa or maculæ. Messrs Cazenave and Schedel have, however, very lately described a true pityriasis *nigra*, which was observed during the prevalence of the epidemic (acrodynia) of the years 1828 and 1829 at Paris.

The presence of pityriasis when it attacks the head,—pityriasis *capitis*, is much more frequently inferred from the itchiness with which the scalp is affected, and the copious furfuraceous desquamation that follows the application of the nails to relieve this symptom, than from any conspicuous morbid alteration of the surface of the integument itself. It is only

in fact during the earliest stages of the complaint, and by means of a minute inspection of the surface of the scalp, that a number of small slightly red superficial spots or patches, of an irregular figure and covered with flimsy squamæ, are detected. These patches are shining, dry, and somewhat rough to the touch. The redness is only a temporary condition, for after having desquamated repeatedly, as they do, the patches extend and become even paler than the healthy parts around them.

Little spots having these various characters, are frequently observed on the forehead, cheeks, lips, and chin, especially of young people.

Pityriasis more rarely attacks extensive regions of the body. I have known it, however, continue in a shape that might be held quite general, from youth to a period considerably beyond that of puberty, in spite of every variety of treatment that could be devised most perseveringly employed. In this case an universal pallor overspread the person, and the features always became evidently puffed before each attack of the complaint; for the disease was subject to periodical exacerbations, although it never disappeared entirely from the whole of the surfaces affected. The desquamation then became extremely copious, and the scales on being rubbed off, showed the surfaces beneath them to be beset with numerous irregular and slightly rough but not sensibly raised reddish patches. The formation of squamæ was not however confined to these; the intervening surfaces of integument seemed also to secrete them, so that their production was general. This variety may be called pityriasis *diffusa*.

There is another variety of pityriasis occasionally though rarely met with, which is distinguished, as it is generally seen, by the dull crimson red colour and oily appearance of the surfaces affected,—pityriasis *rubra*. This form of the disease begins in small spots, the size of a split pea, which gradually extend, coalesce, and at length cover extensive surfaces of the body. The first case I saw of this complaint extended over the arms, a great portion of the body, and the whole of

the thighs and legs. The squamæ were of considerable size, thin and shining, many indeed of extreme thinness, resembling the pellicle that surrounds the sprouting feathers of a bird, others thicker, like the membrane that lines the shell of an egg, all of them curled and adhering by one extremity only, and sticking out, actually gave the patient the appearance of being feathered. In the next case I encountered, the appearances presented by the disease were precisely the same, but it was confined to the upper extremities. I have also met with a third case in which the disease showed itself only on the legs. The unctuous exudation formed a marked feature in the whole of these three cases. But this is not a regular concomitant of the disease which sometimes occurs without it, and then the surfaces affected are harsh and dry to the touch, instead of being soft and pliant, as they continue, in spite of the constant formation of squamæ, when it is present.

When a certain extent of surface is affected with a continuous desquamation not of dull white but of coloured—yellowish coloured squamæ, the affection is entitled pityriasis *versicolor*. Save in the colour of the squamæ and of the surfaces which produce them, this does not seem to differ from the ordinary varieties of the disease. It even bears a stronger affinity, however, in all points save the one of continuous desquamation, to a disease of which we shall have occasion to speak by and by among the dischroa.

The causes of pityriasis are very obscure. The disease is scarcely ever accompanied with any appreciable derangement of the general health, or of the functions of the abdominal viscera in particular. In infants and the aged and bald, among whom it principally affects the head, it seems often to depend on a neglect of proper cleanliness. Occurring on parts of the face, again, that are covered with beard, it is sometimes evidently excited and kept up by the irritation of the razor. Pityriasis *rubra* has sometimes been traced to exposure to the bright light and heat of the sun; it has occasionally followed change of climate; the use of acrid and highly seasoned food; painful impressions of a moral nature, &c. The

conclusion from all of which is, that the disease occurs under a great variety of circumstances, each of which has in its turn been regarded as its efficient cause.

Pityriasis may in general be esteemed a disease of no great severity, although it often proves one of long continuance, and little under the influence of the remedial agents which have commonly been prescribed for its relief. I make this reservation, because there is one which I know positively to control the disease in all its forms, namely, the sulphur fume bath.

Pityriasis is distinguished from the other two principal forms of squamous disease by the smaller size and more irregular form of its scaly spots, as well as by their being level with the surface of the skin; it also differs essentially from both of these in the inferior dimensions and more flimsy texture of its squamæ. A host of different cutaneous diseases are accompanied in their decline by a furfuraceous desquamation of the cuticle very similar in its general characters to that which characterizes pityriasis. The antecedence of the various and diversified elementary forms of these affections, as of vesicles, papulæ, &c. and frequently other products of their existence, such as discharges, scabs, incrustations, &c. will always serve to distinguish these from the particular disease of which we are treating. Ephelis, lentigo, chloasma, and the rest of the maculæ, are distinguished from pityriasis by the absence of proper furfuraceous and often of all desquamation from the surfaces affected. The scurf that frequently covers the upper and fore parts of the head in young children, is a different affection from pityriasis: it rather consists of a kind of sebaceous incrustation, than of a desquamation of the cuticle consequent on a superficial inflammation of the dermis; and when softened by the application of a bread and water poultice, or of a rag wrung out of warm water, and removed by means of a fine comb, is not in general reproduced if cleanliness be duly attended to subsequently.

The treatment of pityriasis is to be conducted on the same general principles as other cutaneous diseases essentially inflammatory in their nature. Pityriasis *capitis* is so slight a

disease, that it is often allowed to take its own course; and the hair being kept of moderate length, and regularly brushed with a softish rather than a very hard brush, it very generally comes to an end within a few weeks or months. The cure may be accelerated by the occasional use of a very weak alkaline wash.

When the disease spreads extensively over the person, it is deserving of a greater degree of attention. A gentle course of aperients is frequently recommended in these circumstances; the habitual use of a light bitter infusion with moderate doses of the subcarbonate of potash, combined with frequent immersion in the tepid bath, has also been advocated, and is said frequently to cure the disease. I have, however, known it much more frequently resist than yield to these and various other more energetic plans of treatment. I have, for example, known the disease of from fifteen to twenty years' standing, yield to a course of corrosive sublimate in gradually increased doses, having resisted every other medicine and method of cure enforced. In another inveterate case I have known this active preparation fail to produce the slightest benefit. I am happy to say, however, that I have never known one instance of pityriasis (and I have had cases under my care of thirty years' standing) which resisted a few exposures to the sulphur fume bath. I am in the habit, consequently, after prescribing a gentle aperient for a few days, to commence the use of this powerful remedial agent with as little delay as possible, and hitherto with complete success.

I believe the same means to be equally available in pityriasis *rubra*. Of the three cases I have encountered of this rare variety, I indeed only know the result in the one which was the first I saw, and happened to be the most severe. The individual who was the subject of the disease in this instance, I frequently meet in the street, and he assures me he has continued well ever since he ceased to visit me professionally, now many years ago. I presume the other two patients also recovered, as after taking the bath a few times, and improving greatly,

they ceased their attendance on me, and I have neither seen or heard anything of them since.

I have little to add with regard to the treatment of pityriasis *versicolor*. This is also rather an inveterate form of disease under the usual plans of treatment, and without the powerful aid afforded by the sulphur fume bath. With this it is much more under our control. When the nature of this variety, and its near affinity to the ephelidæ, or simple staining of the cuticle and pigmentary membrane beneath it, are considered, we may suppose that it is but little under the influence of therapeutic agents generally, which, however, potently they may act upon the organs that are more largely endowed with vitality, cannot be supposed to possess, and indeed do not possess, much power over those that are almost abstracted from the influence of the vital processes. We have in fact no medicine either external or internal upon which we can depend for producing such a complete desquamation and renewal of the cuticle as is accomplished by the sulphur fume bath; and, as I have already hinted in several places, it is probably by reason of this peculiar property that the remedy in question proves advantageous in a great many forms of cutaneous disease, more especially in the one which now engages our particular attention.

TUBERCULA.

The diseases which have been classed under this order are of the most dissimilar nature and tendencies. This may be said even in regard to the restricted list contained in the table of this compendium; it was, however, much more applicable to the catalogue of tubercular cutaneous diseases given by Willan, Bateman, and their followers, which included Acne, Sycosis, Furunculus, Anthrax, Verruca, &c. in addition to Lupus, Elephantiasis Græca, Frambœsia, Molluscum, and Cancer.

In the more limited signification attached to the word *tubercle*, by recent and original writers on affections of the skin, it is assumed as designating small, primary, solid, circumscribed, and enduring tumors of various sizes, developed in the substance of the integuments, the natural tendency of which is to suppuration or ulceration of an obstinate and generally destructive kind.

This definition of course excludes the secondary indurations of acne, rosacea, sycosis, &c. the diffused hardness which is the mere accidental concomitant of the furuncular inflammations, &c.

The class of tubercula as it now stands, comprehends some of the most formidable though not the most frequently occurring diseases to which the body of man is subject. All have not, however, the same fatal bearing on the life of those attacked by them. Molluscum in one of its forms, at least, is even a trifling disease; in the other it is sufficiently rebellious. Frambœsia is not in general a dangerous disease. Lupus, although it may not commonly bring life into danger, often produces such deformity as unfits its victims from appearing in the world, and makes existence a load instead of a blessing. The destructive influences of cancer are universally known,

and greek elephantiasis is a disease which almost invariably hurries its victims to the grave at an early age.

The tubercles in some of the species of the order occur in small numbers and isolated, as in cancer; in others they are commonly numerous, and clustered together as in frambœsia, and occasionally in lupus. They are of the general colour of the skin in one case until they become inflamed and approach suppuration or ulceration; in another they are red or reddish from their first appearance, as in frambœsia; and in a third they have a peculiar tawny or livid tint as in elephantiasis.

Tubercular diseases are essentially chronic in their nature. Most of them remain for several weeks, months, and even years, stationary; and some continue through the whole of a long life without undergoing farther change. When they do become excited, however, they commonly increase rapidly in growth; they then very generally fall into a state of partial softening first, and next of ulceration on their summits when they become covered with scabs of considerable thickness; these after a time are detached, and expose sores of bad character. The incrustations are occasionally thin, adhere very intimately to the parts beneath them, and when detached by art, an excoriated rather than a properly ulcerated surface meets the eye.

The different forms of tubercular disease are not commonly preceded, nor even accompanied, during a considerable period of their existence at least, with any thing like marked disturbance of the general system. The affections of the gastric and pulmonary organs, which occur in the latter stages of elephantiasis, may be held rather as complications,—as evidences that the disease has extended to the mucous membranes of these systems, than as sympathetic and functional disorders proclamatory of a morbid condition of the economy at large.

The causes of the tuberculous diseases are extremely obscure. Two of them are contagious—frambœsia and one species of molluscum; and one—elephantiasis, which is at the

present day seen with extreme rarity within the confines of Europe, in the middle ages spread over each of its empires like a pestilence, and was universally believed to be communicated from one individual to another; a character which the disease, as it now occurs, has certainly lost. The disposition to the whole of them is probably transmitted hereditarily. When they arise spontaneously, as they most commonly do, all we can say is, that they are engendered under the influence of peculiarities of constitution, the nature of which in the present state of our knowledge is inscrutable. Lupus is very generally seen affecting individuals of a scrofulous constitution. Tubercular elephantiasis and frambœsia are scarcely seen save in countries lying within the tropics, or in individuals who have long dwelt in these regions.

The tubercular affections are easily distinguished from all the other forms of cutaneous disease; and each of them individually has something in its general appearance and attendant symptoms so peculiar, that it is not even liable to be mistaken for any other of the same order. The definition that has been given of the elementary form of the class,—small, solid, circumscribed, and enduring tumors, having a natural tendency to disorganization, suffices to distinguish it from the various other orders of cutaneous affection.

Treatment, the end and aim of all pathological inquiry, has unfortunately hitherto proved of little avail in the majority of the tubercular affections. Of those that are oftenest seen in this country, lupus appears to be in the greatest degree within the influence of remedial measures; but this is not saying much; for the tubercles and the destructive ulceration that succeeds them almost invariably advance unchecked to the extent of producing great and irremediable deformity. The tubercles of cutaneous cancer, if removed with the knife or caustic, the only means hitherto devised for their cure, very commonly either sprout afresh, or appear in some new situation. All the measures that have been employed in greek elephantiasis would seem to have been utterly useless in arresting it. The little tumors of molluscum also very generally resist all the

remedies prescribed. Luckily the rebellious nature of this disease is of less consequence, for it is not dangerous, though often productive of a very considerable amount of deformity.

LUPUS.

Lupus very commonly begins on some part of the face, in the shape of one or more hard, circumscribed, and slightly raised tubercles, of a dusky or livid red colour, and in general of no great size, though occasionally of considerable dimensions, even from the moment they attract attention. These, after remaining indolent or stationary for a length of time extremely various in its duration, terminate for the most part in suppuration; when dirty yellowish, dark brown, or black, and very adherent incrustations succeed, under which a process of destructive ulceration is established.

This however would appear not to be the only mode in which this formidable disease commences its attacks. M. Biett and others, for instance, do not believe that tubercles are the elementary lesions in every case of lupus; and it is certain that the disease occasionally begins in the nasal fossæ, and is attended at first with simple external redness and swelling of the alæ, and extremity of the nose. By and by a thin scab is perceived on some point of the inside or edge of the nostril; this is usually picked off by the patient, and is succeeded by a second, this by a third, and so on, each thicker and attended with a more manifest loss of substance than the last; for the destructive tendencies of the disease appear at once. Something of the same kind is even occasionally observed to occur when the disease begins externally: a particular spot (in the vast majority of instances, this is the tip or ala of the nose) swells slightly, assumes a livid red colour which increases gradually in intensity, generally for several months before evidence of other mischief appears; but by and by the inflamed integument gives way in a point, often of very small dimensions; here a little glutinous ichor

exudes, a dark and adhering scab is formed, and the destructive ulceration which forms the natural tendency of lupus forthwith commences its ravages. It sometimes happens indeed that under circumstances similar to those just described, the skin is destroyed by a process of interstitial absorption rather than of open ulceration: the livid redness and swelling that have long indicated the existence of diseased action subside gradually, and then the skin is perceived to be unusually thin, shining, and stretched over the subjacent parts, so that the point of the nose looks as if it had been sharpened by having had a portion of its substance pared off superficially; occasionally, too, the puckering of a distinct cicatrice is evident in a situation where no sore had ever existed.

For practical purposes and in conformity with what is observed in the progress of the disease under the various aspects it assumes, M. Biett divides lupus into three principal varieties: first, as it extends its ravages superficially; second, as it attacks parts in the direction of their thickness or depth; third, as it is attended with thickening or hypertrophy of the parts affected.

The first of these varieties is more particularly seen attacking the cheeks, and is not uniformly attended in the commencement with the formation of evident tubercles. The skin of the parts affected acquires a dusky red colour, and is tense, smooth, and shining, a slight epidermic exfoliation goes on from its surface, and by and by it presents all the appearances of a part that has cicatrized after a burn which has implicated the most superficial layers of the corion alone. The redness disappears as the disease subsides, and the integument then continues smooth to the touch, shining to the eye, and evidently reduced in thickness. This morbid process goes on without the accompaniment of much pain; a slight degree of uneasiness is all that is commonly complained of.

This variety of lupus, however, commences in other and I believe in the great majority of cases with the evolution of very evident tubercles. These are at first small, soft, superficial,

being apparently developed in the outermost reticulations of the corion, and of a dusky red colour. After continuing stationary for a time, which may extend to a few weeks only, or be protracted to several months and even years, these tubercles generally become irritable on a sudden, then enlarge considerably by the swelling of the parts around them, and seem to coalesce by their bases; they also increase rapidly in numbers, and a considerable extent of surface,—the whole of the extremity of the nose, or of one cheek for instance, is in this way converted into a lobulated, indurated, thickened mass, of a dusky red hue. The most elevated points, together or successively, or a considerable extent of the affected surface simultaneously, next falls into a state of suppuration, when black and adhering scabs are formed, under which ulceration commences, and spreading gradually around, destroys in a greater or less degree the surfaces upon which it is established. In this process the parts first affected heal imperfectly; tender pink, or bluish and irregular cicatrices, similar to those that follow superficial burns, succeed the open or incrusted sores, and from the middle of which, dull white bands may often be seen stretching to a tubercle of recent formation, or to such parts as are still the seat of the disease in its active state. These bands are very apt to give way, when the tubercles to which they so often run, become open sores; the ulceration then reverts upon them, and they vanish with extreme rapidity, so that the disease, though apparently much amended, is often in the course of a few days made to assume an aspect as formidable as ever.

Once fairly established, this variety of lupus frequently extends its ravages widely; fresh tubercles are incessantly developed around the edges of those districts that have already suffered, and these as they fall into a state of suppuration one after another, lead the disease to attack new parts, and by exciting renewed ulceration in the bands of cicatrice that connect them with the old seat of the malady, continue it among those that have already been affected.

It may readily be imagined that these morbid processes do

not take place without occasioning a great degree of deformity: extensive surfaces are occupied by broad, puckered, and shining cicatrices, of a pale pink or rosy colour, stretched lightly over the subjacent parts; thick in some places, in others so thin as to appear translucent. Nor is the ulceration always so superficial as it has been described; when the nose is attacked, as it is occasionally in this variety, it rarely escapes mutilation; portions of its alæ or its tip being very generally found to have disappeared when the incrustations are removed, and the course of the disease is checked by the successful use of remedial means.

This variety of lupus, as has been said, is most frequently observed on the cheeks; from these it spreads extensively to the regions around, and sometimes implicates the whole front of the neck. It also occurs on the chest, and occasionally on the extremities.

The second variety of lupus, in which parts are destroyed in the direction of their thickness much more than in that of their superficies, affects the nose particularly. The first indication of the disease is generally the appearance of one or more tubercles on the alæ or tip of the nose, smooth, soft, and of a dusky red, which, after remaining indolent for a variable length of time, degenerate into a crusted sore, that causes the destruction of the parts upon which it is seated. In other instances the disease seems to make its first attack with redness and swelling of the end and alæ of the nose, and some slight discharge from the nostrils. In the midst of the parts thus affected a small sore appears, or rather the presence of a dark coloured scab proclaims that an ulcer has been formed. The redness and puffing now generally extend; the scab also increases in dimensions, until at length the extremity and both of the alæ of the nose are often covered with one continuous black and adhering incrustation.

Even when the first scab that is formed is removed, attentive examination detects a certain loss of substance, which becomes much more remarkable after two or three have been successively detached, especially if at the same time the puf-

fing have subsided under the influence of appropriate treatment. As the disease advances, the discharge from the nostrils frequently becomes offensive; the secretion poured out by the sore is simply sero-purulent and glutinous; occasionally it is pretty copious, at other times scanty.

The extent of parts destroyed by the disease in this its earliest stage of ulceration is very various; sometimes it is very trifling, little more than the skin having suffered, and again it is rather considerable, portions of the cartilage, of the alæ and tip having disappeared. But the morbid processes of lupus rarely end here: numbers of tubercles are evolved around the margins of the primary sore, or on the surface of the imperfect cicatrice that has followed it, and these in succession suppurate and decline into unhealthy and phagedenic ulcers, which gradually destroy the whole of the tegumentory and cartilaginous structures of the nose, the septum included, to the level of the ossa nasi, and the ascending or nasal processes of the superior maxillary bones, so that a large triangular opening at length leads directly from the face into the nasal fossæ. If the process of destruction have been confined to the alæ or point of the nose and common integument which invests it, the deformity is of inferior amount; the nose looks sharpened, the nostril perhaps at first shows a gap or two of some magnitude, but these gradually contract from the shrinking of the newly formed cicatrices, and the nostrils then tend to complete or nearly to complete closure; for it is often with difficulty that a common probe can be passed through the opening that remains, unless particular care have been taken to prevent the parts from contracting.

This variety of lupus does not by any means always begin on the external surface. Some slight degree of swelling, and the existence of a scab within the nasal fossæ, are often the first indications we receive of its existence. The disease sometimes even makes considerable progress, and destroys the greater portion of the cartilaginous septum before its presence or true nature is suspected. Occasionally too the mucous

membrane of the floor of the nasal fossæ is the part especially affected; in which case the disease is apt to extend backwards, to destroy a portion of the soft palate, and subsequently of the roof of the mouth and gums. It is seldom indeed that lupus, though it may begin in the nose, confines its ravages to this part; the disease almost always extends to the cheeks, some portions of which are commonly destroyed before its progress can be arrested.

The third variety of lupus distinguished by M. Biett,—lupus *with hypertrophy*, is almost confined to the face, where it begins in the shape of soft, slightly prominent, and indolent tubercles, generally numerous, and developed simultaneously over a considerable extent of surface. The bases of these tubercles after a time begin to enlarge, and the surrounding skin and cellular substance swell, apparently from the infiltration of a fluid into their meshes. These parts then seem to rise up between the tubercles till they attain their level, when the tubercles appear to stud the affected regions as it were with spots of a dark red hue. The tubercles in this variety of lupus seldom ulcerate or become covered with adhering crusts; they desquamate freely, however, and many of them in the progress of the disease shrink and are removed by interstitial absorption, by which means numerous cicatrices at length result and appear stretching hither and thither in the midst of those tubercles which are of more recent formation and still continue at their height. The features under these circumstances are sometimes enormously enlarged, and deformity of the most hideous description is produced.

This lupus with hypertrophy, as has been said, is seldom attended with much ulceration, and when it is, this is slight and insignificant; but it happens occasionally that the disease ulcerates more decidedly, and that the sores become covered with small, soft, fungous looking, and very prominent red tumors, which add immensely to the deformity already very great.

The whole of these different varieties of lupus, it is very necessary to be aware, may, and commonly do exist together

in the same subject; indeed, it may even be stated that any one of them occurring individually and unmixed is a rarity: the disease almost uniformly shows a disposition to extend superficially in one part, whilst in another it destroys all the structures that lie between the surface and the bone, and in a third the tubercles are evolved amid much swelling and apparent enlargement of the subjacent and surrounding structures. The skin is the tissue which of all others generally suffers most. The cartilages of the nose come next. The bones are much more rarely affected. The disease, unopposed by every thing like adequate remedial measures, frequently exists for years without any apparent destruction of the osseous frame supporting the parts which are the seat of its ravages. The ossa nasi do, however, suffer occasionally.

The total destruction of the nose is a sufficiently deplorable effect of the continued existence of lupus; but when large portions of the lips, and still more of the eyelids, are removed, the consequences are lamentable in a tenfold degree. When the lip, especially the lower one, is extensively destroyed in this way, the patient is harassed and distressed by the constant flow of saliva from his mouth, and by the difficulty he experiences in masticating his food and in articulating so as to make himself understood. When either of the eyelids is destroyed to a considerable extent, the patient's cheek is scalded by the passage of the tears over it, and the conjunctiva, no longer adequately protected, soon becomes inflamed, the cornea grows dim and then opaque, and often staphylomatous, so that irremediable blindness follows. Each of these lamentable accidents is in many cases remediable to a greater or less extent by means of a surgical operation. Great freedom especially may be used in bringing parts of the lips together which are naturally at a considerable distance from each other; and the whole of the lower lip has even been successfully supplied by a flap turned up from under the edge of the jaw. The same thing has also been attempted, though with much less success, in regard to a lost eyelid.

The causes of lupus are little known. The disease is seen

among children and the youthful most frequently. Young persons of a scrofulous habit have been believed to be more particularly liable to become its victims. But as individuals of the soundest constitution, in the prime of life, and in the habitual and present enjoyment of perfect health, are occasionally attacked, such conclusions are shown to have been arrived at hastily. It is very remarkable too, that a disease so formidable in its tendencies as lupus, and so rebellious to remedial measures, should occur and continue its ravages for months and even for years, without any perceptible deterioration of the general health ; without the slightest acceleration of pulse, implication of the secreting functions or disturbance of the chylopoietic viscera.

Lupus, although its individual characters bear a considerable resemblance to those of several other diseases of the integument, is nevertheless little liable to be confounded with any one of them. The livid or dusky red colour of its tubercles suffices to distinguish them from those of greek elephantiasis, which commonly preserve the same tawny tint as the surfaces upon which they are evolved. Lupus is generally confined to a single part or district, and often occurs as a single tubercle ; elephantiasis always shows itself upon different regions simultaneously or successively. In lupus the ulceration soon spreads beyond the confines of the tubercle originally affected; in elephantiasis it does not extend beyond the new formation. Lupus is unaccompanied with general symptoms of the slightest significance ; greek elephantiasis, when it has attained any degree of severity, is regularly complicated with affections of the respiratory and often of the digestive apparatus, that eventually prove of more importance than the disease of the common integument.

The tubercles of lupus may be distinguished from those of cancer by being unaccompanied with lancinating pains, by being evolved on the nose and cheeks rather than on the lips, especially the lower lip, like those of cancer ; by occurring in youth and the prime of life, not in its meridian and decline, as cancer does; by its sores becoming covered with dark

brown or blackish adhering crusts, not showing everted and callous edges, and a moist secreting and fungous surface, as those of cancer do. Lupus is farther distinguished by the attempts at reparation so constantly observed accompanying the destructive processes that characterize the disease, whilst in cancer the acts are all destructive.

The primary tubercles of lupus differ from the secondary indurations of acne *rosacea*, and sycosis, in having been gradually evolved within the substance of the skin, and not appearing as consequences of the small acuminated pustules that characterize these diseases. The indurations of acne moreover are stationary, they do not tend to ulceration; this, on the contrary, or the peculiar interstitial absorption which is followed by a puckered cicatrice, is the constant termination of the tubercles of lupus.

The distinction of lupus from certain forms of syphilitic eruption is one of the most important points in the diagnosis of this disease. In the long run there is seldom any difficulty in distinguishing between the two, but in the beginning the differences are less remarkable, and the liability to error is consequently greater. The tubercles of lupus, however, of a dark vinous or dusky red colour, and firm consistency even at a very early stage of their growth, differ materially and manifestly from the copper coloured, broader, and softer tubercles of syphilitic origin. The tendency of the tubercles of lupus to destructive ulceration is also different from that displayed by those of syphilis, which exhibit this disposition in a much inferior degree. The ulcers in lupus freed from scabs are of the same colour as the tubercles, irregular, and not at all tumid; those of syphilis again are foul, their edges sharply cut and swollen. The order in which different structures become affected also differs in the two diseases. Lupus is essentially a disease of the skin; there its ravages generally commence, from thence they spread to the cartilages, and only very rarely attain the bones. In syphilitic affections this succession is reversed: the bones are commonly the first parts that suffer, then the cartilages, and it is only when

these have become carious or are stricken with necrosis, that the skin gives way. Syphilitic tubercles in a state of ulceration are never covered with the black and strongly adhering scab that conceals the mischief in the course of achievement by lupus. Syphilitic tubercles unlike those of lupus are never unaccompanied with symptoms of constitutional disorder, and by a variety of other effects characteristic of the action of the venereal poison upon the system at large, such as a febrile state, derangement of the secreting functions generally, pains in the bones and joints, the presence of nodes, of ulcers in the throat, &c.

Lupus is always an obstinate disease, and seldom gets well without leaving more or less of deformity behind it. Although the disease may not bring the life of the patient into danger, the prognosis must consequently be unfavourable. When the disease is seen at an early stage of its existence, and well directed and active measures are taken to cut it short, the amount of deformity it occasions may be very trifling. It is generally more serious, as it is attended with a greater degree of swelling or enlargement of the parts it affects. And so long as fresh tubercles are evolved around the old seat of the disease, and the cicatrices remain bluish in colour, and soft and doughy to the touch, there is no security against a renewal of the ulceration, and the destruction of all that had been accomplished in guiding the affection to a close.

The constitutional treatment of lupus is to be conducted in conformity with the general principles of medical science ;—there is no specific for the disease ; so that whatever appears amiss among the bodily functions, must be set right if possible by appropriate medicinal and dietetic means. Above all things, patients should be supplied with wholesome and nutritious food in regulated quantities, and be sent to live in a pure and bracing air. If the constitution be evidently scrofulous, a seaside residence will often be found of great advantage ; and a course of chalybeates, tonics, or of the muriate of baryta, or of lime, may be very properly prescribed. Arsenical medicines have also been strongly recommended in

cases of lupus; but the success which has attended their exhibition is very doubtful.

Our main reliance in the treatment of lupus lies in the persevering use of topical applications. These are of very various kinds, but the action of almost all that prove beneficial is similar, and is that of caustics or escharotics in general. We have indeed been advised to apply a few leeches in the neighbourhood of a recently evolved tubercle, and to keep it covered with emollient and narcotic cataplasms afterwards, in the hope of discussing the induration. But this practice is not generally followed by success, and the better mode of proceeding seems to be by the application of some caustic remedy at once, to modify the vital actions in the new formation, and thus either to accomplish its resolution, or to bring it to a crisis by inducing suppuration.

When the tubercles of lupus, then, are still unulcerated, they may be gently rubbed twice a day with an ointment of the proto-ioduret, or deuto-ioduret of mercury, or of the ioduret of sulphur, which last has been found, in the practice of M. Biett, the most active of all resolvents in this disease. The action of these remedies must be carefully watched, lest it go such lengths as to do mischief instead of good. The natural tendency of the preparations of iodine appears to be to excite a certain degree of inflammation in the structures with which it is brought into contact by friction. A certain amount of this, indicated by increased redness, tenderness, and heat, is not to be dreaded; on the contrary, it is during the new action thus aroused that lupus appears in general to be more especially benefited, and the object of the treatment is even to call it into existence. But if the tubercles continue stationary, increase in size, or break out into open sores under the use of the preparations of iodine, it is always advisable to suspend their use for a time at least, if it perchance become not necessary in some cases to give them up entirely, and to substitute another form of stimulant in their stead.

Under these circumstances the animal oil of Dippel has occasionally been found of singular efficacy. A dossil of

lint is dipped in the preparation and passed repeatedly over the affected surfaces once or twice a day, or every other day only, according to the state of irritability of the disease. The nitrate of silver appears to have less than its usual efficacy in modifying morbid actions, when employed in the treatment of lupus. In the earliest stages of the disease, however, this caustic in solution of some strength, may frequently be used with considerable advantage. In more advanced stages of the affection, it is greatly inferior to the liquor hydrargyri nitrici, or liquid super-nitrate of mercury. The action of this solution is very energetic, and it is essential that it be not applied to too large an extent of surface at any one time,—a space the size of a half-crown piece is fully as much as it ought ever to be brought into contact with at once. It is applied in the same way as the animal oil of Dippel, the parts that are covered with incrustations having been previously freed from them by means of emollient poultices, and fomentations. The action of this caustic is extremely painful; but the suffering is of short continuance. The eschars it produces are generally thrown off in the course of ten, twelve, or fourteen days.

But experience has shown that every caustic must be held second to *arsenic* in its powers of modifying favourably the morbid actions in the formidable disease of which we are treating. The mildest and not the least efficacious form in which this active mineral can be used, appears to be according to the formula known in France by the title of the *Powder of M. Dupuytreu.* This powder consists of one or two parts of the white oxide of arsenic to ninety-eight or ninety-nine of precipitated calomel. To apply this remedy, the parts (and these ought never greatly to exceed a superficial square inch in extent) must be thoroughly freed from incrustations, and, whilst still moist, dusted completely and rather thickly over with the powder, by means of a dossil of cotton wool. This caustic is so mild in its action that it scarcely excites pain, and is very rarely followed by any thing like erythematous or erysipelatous inflammation. The eschar produced by the

compound arsenious acid and calomel powder is always very long of being thrown off naturally ; its fall ought therefore to be solicited by means of softening poultices, the vapour douche, &c., to the end that the application may be repeated.

The arsenical powder in common use on the continent entitled of *Frere Côme*, which consists of a mixture of white oxide of arsenic, cinnabar, and a little animal charcoal, is a more energetic compound, and requires greater caution in its application, than the powder of Dupuytreu. But it is invaluable in the more formidable cases of lupus, and frequently proves our sole and last resource in checking the destructive career of this disease. The arsenical powder is generally made into a thin paste with a little water, and spread upon the surface freed from scabs which it is designed to cauterize, by means of a small pliant iron spatula. The size of the surfaces covered with this active poison at any one time must never exceed that of a shilling. Employed in this cautious manner, the use of the arsenical powder is free from all danger. It is, however, very constantly followed by local symptoms of greater or less severity ; but these also are more formidable in appearance than in reality. The erysipelas which it excites yields readily to low diet, a few leeches under the angle of the jaw, and the antiphlogistic regimen generally.

The actual cautery is now generally agreed to be the least advisable of all the modes ever recommended for checking diseased and inducing new and more healthy actions in lupus. This means, indeed, often appears to be positively injurious instead of beneficial. I very lately saw the actual cautery applied, at seven different times, in a case of lupus, under the direction of two eminent surgeons, and certainly the practice was followed by no good effects. This formidable therapeutic agent ought therefore to be laid aside entirely in the treatment of lupus.

Whatever the form of caustic employed in the treatment of lupus, perseverence and repeated application are essential to success ; and this, not only for months but often for years. It is undoubtedly well when we are so fortunate as to cut

short and quickly to cure the disease entirely; but we still do much when we succeed in merely arresting its destructive progress; with the lapse of time the morbid propensities inherent in the constitution which led to the formation, and which continue to keep up the disease, will be worn out, and it will ultimately yield to measures which, in the first instance, would have proved, and which probably did prove, totally unavailing against it.

The consequences of lupus, and the deformity it occasions, are occasionally to be avoided, and even to be remedied to a certain extent. Thus when the nostrils tend to close, they must be kept distended during the shrinking of the cicatrices, and for a length of time afterwards, by means of sponge tents, or a tube of elastic gum of proper form. All endeavours to prevent this contraction, however, sometimes prove futile; and it is then not amiss to leave things alone for a time, until all symptoms of morbid action have subsided, and the disease is in every part well. The nostrils may then be re-established by means of the knife, and proper precautions taken against their becoming closed in future, first by wearing an elastic gum tube for a length of time incessantly, and subsequently by introducing it for some hours every day, or every other day, according to circumstances.

I have already hinted at the nature of the operations by means of which portions of the lips and eyelids may be restored, when they have been unfortunately destroyed. This does not seem the place to enter more at large into the discussion of the processes which are best adapted and most usually practised for the accomplishment of these important ends, I therefore content myself with referring to the work of Dr. Fricke on the restoration of the eyelids for the fullest information on this subject. (Die Bildung neuer Augenlieder nach Zerstoerung, &c. derselben. Hamb. 1829.

ELEPHANTIASIS GRÆCORUM.

The disease generally entitled Greek elephantiasis at the present day, is characterized by the formation on different regions of the body, but especially the face, of many projecting tubercles, various in size, irregular in shape, soft rather than hard in consistency, and of a reddish or livid colour at first, but by and by of the same general tint as the integument, in the thickness of which they are developed. These tubercles are generally very indolent, and are accompanied with a considerable degree of puffing of the parts on which they are evolved, in consequence of which they occasion much deformity. They tend naturally to suppuration and ulceration, though they also often disappear by resolution; the ulcers in which they terminate never spread, but become covered with an adhering scab, under which cicatrization takes place slowly but pretty certainly.

The tubercles of elephantiasis very commonly make their appearance in the midst of discoloured patches of the skin. These in whites are commonly of a tawny hue, whilst in negroes they are even blacker than the rest of the integuments. When first perceived, they are not larger than a grape-stone or a pea, but they subsequently attain the size of an almond or a hazel-nut. When fully developed, they commonly cause some diminution in the sensibility of the skin around them, and this often to such a degree as to constitute a characteristic feature of the disease; during their growth, however, they have occasionally been observed to be accompanied with an exaltation of the sensibility of the skin, and parts in their vicinity.

Of all the parts upon which the tubercles of elephantiasis have been observed to be evolved, the face and ears are those that are attacked most frequently. The disease is sometimes confined to a very small district, as to the ears, eyebrows, or nose. In other cases it is much more extensive, and pervades the whole of the features. In the first instance, the deformity produced is great, in the second it is hideous, and

has procured for the disease some of the titles by which it has at different times been distinguished, such as, leontiasis, satyriasis, &c. The parts affected are swollen or enlarged generally, the forehead is uneven, and traversed by deep furrows, the eyebrows are tuberculated and overhanging, the nostrils sinuous and dilated, the ears pendulous and lobulated, the lips enormously thickened, the chin greatly increased in size, and the whole of the surfaces affected unctuous, and tawny to the eye.

In this state matters may continue for an indefinite length of time. But no long interval usually elapses before additional symptoms make their appearance. The tubercles are also apt to fall into a state of ulceration, when sores succeed, of an unhealthy aspect, and pouring out an ichorous fluid, which concretes into thinner or thicker, brownish or black coloured incrustations, under which cicatrices are slowly formed. The sense of smell becomes blunted; that of touch, too, is often strangely affected; the voice grows husky, and is often entirely lost; the patient is affected with cough, quick pulse, and is singularly dejected in spirits, as well as weakened in his muscular powers.

When the disease has reached this pitch of intensity, tubercles are very commonly found to have been formed in the mouth, where they very generally occur in the form of a band, stretching along the palate from the front teeth to the uvula. It is more than probable that a similar change takes place in the mucous membrane of the nasal fossæ, and that the trachea and bronchi are affected with an inflammation of a nature analogous to that which precedes and accompanies the formation of the tubercles in the skin. Nor is the disease now generally seen confined to the face, or the single region on which perchance it was first developed. It very commonly makes its appearance on other districts of the body. The arms, particularly the outer and posterior aspects of the fore-arms, are very often affected. The palms of the hands, too, are often much swollen, the whole of the parts composing them appearing to be thickened and enlarged.

The lower part of the thighs, the regions about the ancles, and the soles of the feet, are also very common seats of the disease. The sensibility of the parts affected in these cases is in general greatly impaired. The integuments, unctuous and shining, furrowed by numerous lines passing deeply between enormous flattened tubercles, and of a tawny or dusky purple hue, present a very characteristic appearance. The tubercles severally run their course independently of each other.

One very singular effect of elephantiasis is the impediment it seems to oppose to the growth of the beard, if the disease occurs before puberty, and the frequency with which it causes this appendage to be lost, when it makes its attacks after maturity of years has been attained. The tales which are to be found in the older writers of the wonderful influence exerted by this disease on the sexual organs and propensities, receive no confirmation from the observations of more modern times. The unfortunate individuals affected with elephantiasis at the present day, appear to be neither more nor less under the dominion of the sexual appetite than the generality of mankind.

It is strange that a disease of so severe a kind, and of tendencies so formidable, as elephantiasis, should generally attain a pitch of great intensity without any evident disturbance in the functions of the system at large. It is only, in fact, during the latter stages of the disease, and when it has existed for several years, that the general health begins to suffer; often, even then, apparently from active, and it may be accidental, disease of the respiratory apparatus.

Greek elephantiasis is a disease essentially of intertropical climates. It has not, so far as I am aware, been observed originating among the inhabitants of the more temperate climates of Europe, who had never quitted their homes. But it has been known to occur among the natives of these countries, who had either themselves visited intertropical latitudes, or were sprung of parents who had long dwelt in the European colonies, established in the East or West Indies. The disease is endemical, though not very frequent, in the

West Indies, at New Orleans, in Guadaloupe, St. Domingo, and the Leeward Islands; in many parts of the East, as in Sumatra, Java, Isle of France, &c. The disease is certainly not contagious, and, at the present day, is never even imagined to be communicable from one individual to another; in this respect, therefore, it is very different from the elephantiasis, or Greek leprosy, which prevailed so generally in Europe during the middle ages, and was universally held to be highly contagious. That the liability to this disease, as to so many others, is transmitted from sire to son, there can be little doubt. The causes under the influence of which the disease is primarily engendered are obscure. A hot and moist climate and a sea-bound shore would seem to form important elements in its etiology.

The disease which has now been described under the name of elephantiasis, has been designated at different times by other denominations, particularly by that of *lepra*. The term elephantiasis has also been appropriated to another affection of a very different nature and dissimilar tendency. Hence has arisen confusion to a great amount, but still more in semblance than in reality; for how was it possible to confound the *squamous* affection we have discussed under the title of *lepra*, with the *tubercular* one that has just engaged our attention? two different diseases were merely designated by the same title. The two diseases entitled *elephantiasis*, again, have nothing in common but the swelling or enlargement of the parts affected; on this score, their confusion one with another was excusable, but on no ground else. The *Arabian* elephantiasis appears originally to be a simple hypertrophy of the subcutaneous cellular membrane, generally of the leg or scrotum, to which the skin at first is a stranger, but in which it participates at length. It is a very different disease, therefore, and easily distinguished from the tubercular affection that now particularly engages us under the title of *Greek* elephantiasis.

The tubercles of Greek elephantiasis are readily distinguished from those of cancer, inasmuch as they occur almost

invariably clustered in considerable numbers, and not singly; further, in being free from uneasiness, or accompanied with diminished sensibility, and not the seat of acute lancinating pains; lastly, in presenting a tawny colour on the surface, not exhibiting the common tint of the integuments, like those of cancer. They are not more liable to be confounded with those of lupus, which are of a dusky or livid red, flattened form, generally larger size, and situated more superficially. Advanced to a state of ulceration, the diagnosis between Greek elephantiasis and either of the diseases mentioned, is not rendered more difficult. The ulcers in each of them have characters so individual, that there is no mistaking those of the one affection for those of the other.

Considerable difficulty has been presumed to exist in discriminating at all times between the tubercles of secondary syphilis and Greek elephantiasis. But this is more in imagination than in fact. The coppery colour of the syphilitic tubercles, their general or wide diffusion over different regions of the body, the occurrence of primary sores, bubos, &c. the previous history of the patient's sufferings, and the coincidence of several other symptoms of venereal infection, contrasted with the appearances presented in elephantiasis, and the circumstances under which this disease is developed, can never leave any thing like doubt or obscurity in regard to the diagnosis. I say nothing of the test afforded by the influence of the curative measures employed; the diagnosis that follows results to which it should have served as a guide, is arrived at rather late in the day to be of much real value.

The prognosis in Greek elephantiasis is always unfavourable; doubts even hang about the few cases that are reported to have been benefited by the various courses of treatment prescribed—the amendment in these was probably no more than temporary; for it is certain, that the vast majority if not the whole of the cases which have been watched for a sufficient length of time, by the enlightened practitioners of these latter days, have terminated fatally. The organs of

voice, and next those of respiration and of digestion, almost uniformly become affected at length, and patients are then hurried off by a chronic inflammation of the lungs or its consequences, by phthisis, or by a slow fever, apparently depending on inflammation and disorganization of the mucous linings of the alimentary canal.

What can be said that will prove satisfactory in regard to the treatment of a disease so little understood in its nature and causes as elephantiasis? One of the facts, the best ascertained in the history of the disease, is its origin within intertropical countries. It seems natural therefore to imagine that removal beyond the sphere of those influences under which it is engendered ought to be prescribed as the first and most important of all the measures likely to check it in its career.

Of all internal remedies those of a sudorific and alterative nature, as they are termed, such as decoction of sarsaparilla, of mezereon bark, and of *the woods*, have been most frequently tried. The tincture of cantharides in graduated doses, is another and a very energetic medicine that has been often essayed in elephantiasis. The preparations of arsenic, however, have long enjoyed the highest reputation for their powers in accomplishing the resolution of the tubercles characteristic of the disease. The asiatic pills and Fowler's solution are the forms in which this active mineral has been and is still usually prescribed. The preparations of iodine, it is probable, will be extensively tested before long in their powers upon elephantiasis, by the practitioners of those countries in which the disease occurs more commonly than it does in Europe.

The most signal improvement that is ever observed to happen to the tubercles of elephantiasis has occurred after attacks of erysipelas of the parts in which they were evolved. No wonder, then, that it has been the object with many, by means of stimulating or escharotic applications, to arouse the seat of the disease to an action as similar in kind as possible to that which distinguishes erysipelas. Blisters have been

recommended for this purpose, under the sanction of the name of Biett. The repeated inunction of one of the iodurated ointments has been lately used with various success in the same intention. The arsenical paste is another powerful means of bringing the tubercles of elephantiasis into a condition that either leads to their resolution, or destruction by suppuration. The experiments that have been made with the actual cautery in elephantiasis, prove it also a valuable means of accomplishing the same ends.

When the disease becomes complicated with evident affections of the viscera of the thorax or abdomen, these must be met by measures as decided as the nature of the exigency and state of the patient will admit. The antiphlogistic regimen, rest in bed, and use of some mild diluent, will at all events be proper in every case.

CANCER.

Cancer of the skin is a disease of frequent occurrence, and as the affection then commences primarily in the substance of the dermis in the shape of a tubercle or tubercles, it evidently requires at least a passing notice in this place.

Cancerous tubercles commonly occur singly; they vary in size from that of a hemp seed or small pea, to that of a pigeon's or pullet's egg: they are of a stony hardness, and in their earlier stages at least, of the same colour as the skin in their vicinity; at a later period they become livid on the surface, and surrounded with a ring of inflammation. They then increase rapidly in size, give way externally, and fall into a state of unhealthy ulceration in which the reparative processes are all so faulty that cicatrization rarely or almost never occurs: the granulations produced are fungous growths incapable of affording the basis of a sound cicatrix. Cancerous tubercles can scarcely ever be said to be indolent; even from their first appearance they are the seat of sharp lancinating pains, and when they ulcerate, an incessant sen-

sation of gnawing is added to this symptom greatly increased in severity.

Cancerous ulcers of the skin are remarkable for their uneven and fungous-looking surfaces, and for their hard and everted edges. They do not secrete proper pus, but pour out a yellowish or bloody ichor that irritates the surrounding surfaces. When ulceration is fairly established, it does not remain confined to the tubercle, but spreads to all the parts around it indiscriminately, destroying them in the same manner as lupus.

The most common seat of the cancerous tubercle is the lip, especially the lower one, and the point or ala of the nose; but it also occurs in various other situations, as on the scalp, cheek, prepuce, scrotum, and verge of the anus, and may appear on any point of the surface of the body.

The causes of cancer are unknown. The occurrence of a single cancerous tubercle of the skin is not always to be held as an indication of what is generally entitled the cancerous diathesis: the disease occasionally appears to be accidental and purely local. At other times it is evidently connected with a peculiar morbid state of the constitution at large, and its appearance as a tubercle in the skin is then but one of a series of pathological phenomena as certain in their fatal tendencies as they are irremediable by measures of art.

The tubercles of cutaneous cancer are distinguished from those of lupus, greek elephantiasis, and syphilis, by becoming the seat, at an earlier or later period of their growth, of sharp lancinating pains, whilst those of the three diseases mentioned continue unaffected with every thing like severe pain to the last. The solitary cancerous tubercle of the nose or cheek long continues of the same colour as the integuments. That of lupus, when its elementary form is a single tubercle, and not, as almost invariably happens, a cluster of tubercles, is of a livid or dark vinous red from the beginning. Syphilitic tubercles are further distinguished from those of cutaneous cancer by their coppery colour, their numbers, and their very general diffusion over the body.

The prognosis in cutaneous cancer accordingly varies, and is favourable or unfavourable in the same degree as the disease appears local and accidental, or general and constitutional. The prognosis in the first instance becomes much more serious if the disease has been neglected, has been allowed to get into the ulcerated stage, and to contaminate the absorbents and lymphatic glandular system in its vicinity.

Cutaneous cancer is only to be attacked successfully with the knife. All attempts to resolve its tubercles constantly fail, and they cannot, like those of some other affections which occur with the same elementary form, be brought to an end by suppuration. Cancerous tubercles, and even cancerous sores, when not of very ancient date, of the lips, nose, and cheeks, are very frequently removed by means of an operation, without the disease exhibiting any tendency to recur, or to show itself in new situations. The result in these cases is different from that obtained when glandular parts, such as the mamma, are the seat of cancer; the extirpation of the diseased mass in these instances, too often proves but a temporary and partial remedy for a malady that is beyond the reach of the surgeon's knife.

MOLLUSCUM.

The affection of the skin to which the name of Molluscum is now generally restricted, is characterized by the presence of numerous tubercles varying in size between that of a pea and that of a pigeon's egg, developed within the substance of the cutis, and rounded or flattened in their form, or adhering to its surface by means of a kind of pedicle when they are more elongated in their shape.

The fleshy tumors of molluscum are very indolent, and often exist for a life-time without undergoing any evident change in their appearance, or proving the source of a single unpleasant symptom.

By Bateman, molluscum was divided into two species, one

of them contagious the other non-contagious. The non-contagious form of the disease is that which has just been described; the contagious molluscum is characterized by the occurrence of hard, round, and prominent tubercles, smooth, transparent, and pouring out from an orifice on their summits when compressed, a little opaque or milky fluid.

Both are rare diseases, the contagious form even more so than the non-contagious; Bateman never met with but two cases of the contagious disease, and his account of it from these leads to the suspicion that it consisted in a morbid enlargement and derangement of the sebaceous follicles, rather than in a tubercular affection of the proper texture of the cutis vera. The contagious molluscum, or the disease of the sebaceous follicles which Bateman described under that name, has since been seen by Dr. Carswell, as we learn from the work of Messrs. Cazenave and Schedel. In Dr. Carswell's cases, there seemed little reason to doubt of the contagious nature of the disease: the subjects of it were an infant at the breast, who appeared to have caught it of a brother, who himself contracted it from a boy at school. The nursling's face was the seat of the affection, and he communicated it to his mother, whose breasts were the parts affected, and also to two other members of the family, who were attacked upon their hands.

There can be no doubt then, but that two very dissimilar diseases have been connected under the common title of molluscum by Bateman and his followers. The *contagious* disease at least does not appear to be tubercular. Dr. Rayer has even separated the affection described as *non-contagious* molluscum from the group of tubercula; for what reason is not very evident.

The causes of molluscum are quite unknown to us. Attention to its characteristic features, in contrast with those of the other forms of tubercular disease, will always prevent it from being confounded with any of them. The disease always proves extremely rebellious, and in many instances is quite incurable.

Little can be said on the treatment of molluscum. In the only two cases which I have met with of the disease, every thing tried failed to do any good. M. Biett is said to have succeeded in accomplishing the resolution of the tubercles in one case, in which they occurred in great numbers over the front of the neck in a young woman after her accouchement, by means of a lotion of the sulphate of copper applied repeatedly during the course of the day.

Bateman believed that he had seen the contagious molluscum improve under the use of arsenical medicines.

FRAMBŒSIA; YAWS.

Considerable differences will be found in the descriptions given by different writers of the disease entitled yaws, pian, or frambœsia. One represents it as beginning in the form of small red spots similar to flea-bites, which gradually assume the form of papulæ. A second describes it as papular at first, i. e. as consisting of solid elevations containing neither purulent matter nor fluid of any description in their summits. A third, on the contrary, informs us that the disease begins as true pustules, filled with opaque and whitish matter before they burst. And a fourth tells us that the disease is first papular, then pustular, and lastly tubercular. However this may be, the disease, by the common testimony of all who have seen it, appears ultimately to be characterized by the occurrence of surfaces of various extent, covered with indolent fungoid growths distinct from each other at their summits, but connected by their bases, of a dirty or pale red colour, and very similar to a raspberry or a mulberry in their general formation. In the case which Messrs. Cazenave and Schedel had an opportunity of studying at the Hôpital St. Louis, under the care of Dr. Biett, the disease occupied the whole of the front and inferior district of the thigh, and seemed to consist much less of a cluster of tumors developed within the substance of the dermis, than of this membrane itself in a state

of hypertrophy, and covered or chequered by a multitude of growths (vegetations). The surface affected in this way was deprived of its cuticle; but it does not appear that it was affected with ulceration. Writers generally agree in describing one of the tuberculations or fungoid growths as acquiring much larger dimensions than the others, and then falling into a state of unhealthy ulceration. This tumor is universally spoken of by the negroes, who are the usual subjects of frambœsia, as the papa yaw, or mama yaw.

Frambœsia usually follows evident symptoms of constitutional disturbance of a febrile character. The disease once established may continue for an indefinite length of time without serious injury to the general health; although it would appear that those who labour under it, do habitually complain of lassitude, and inability to enter upon or to endure active exertion.

The disease is only known to occur endemically in Guinea, and among the negroes in the West India colonies. It would appear to be contagious, and whites do not always escape the infection. I have never met with the disease in this country.

The internal medicines of any power that have been recommended in frambœsia are chiefly preparations of mercury. As external applications, some of the recently introduced compounds of iodine may probably be found of much service in promoting the resolution of the tubercles. In the case which M. Biett had under his charge at the Hôpital St. Louis, the actual cautery was the discutient resorted to, and this was employed with the most complete success. It is very possible that several escharotics, so much less formidable in themselves, yet so generally influential in the promotion of new and more healthy processes in the diseased integuments, might be employed with similar good effects. At the head of all the therapeutic agents of this class we must place the fluid or acid nitrate of mercury and the arsenical paste.

FURUNCULI.

The diseases which have been ranged under this head, are characterized first by the inflammation and subsequently by the death of one or more of the conical masses of cellular membrane, which at all points penetrate the true skin, from its under to its outer surface. Strictly speaking, therefore, these are diseases of the cellular membrane rather than of the cutis vera itself. This tissue, however, always participates eventually in the inflammation; and it therefore seems impossible entirely to overlook the class in a general and practical compendium of the diseases of the skin like this, though its particular members are always fully discussed in systems of surgery, and held to fall within the domain of the surgeon rather than of the physician.

The class of furunculi is generally described as containing three species: Furunculus, boil; Hordeolum, sty; and Anthrax, carbuncle. Sty seems often to depend on inflammation of one of the sebaceous follicles, situated on the edge of the eyelids, named Meibomian glands; and, although I might have described it here, without impropriety, either as a modification of boil, or as a special disease, I think it better to refer for information on this generally trifling affection to the *Dictionary of Surgery*, by Mr. S. Cooper, which is in every body's hands, or to any good elementary work on this branch of medicine.

To boil and carbuncle I have associated a third disease, little if at all known in this country, namely, Malignant Pustule, or Persian fire. This affection is classed by Dr. Rayer along with the bubo of the plague, in his order of Inflammations Gangreneuses. As sloughing of a portion of cellular membrane is inseparable from the idea we form even of simple boil, and as a considerable patch of integument

frequently nay commonly sphacelates in anthrax, I have not held it necessary to institute a separate order of *gangrenæ*, merely for the sake of including malignant pustule; the bubo or sloughing abscess that occurs in plague, seeming to have no more to do with the special diseases of the skin, than the sloughing of the rims of the ears and tip of the nose, occasionally observed in bad cases of typhoid fever.

Furuncular diseases are very generally connected with a disturbed state of the general health. The rectification of this ought therefore to be a principal consideration in the treatment.

Furuncle is never in itself a dangerous disease, and anthrax not very commonly so. Malignant pustule is more formidable in its tendencies, although, when seen early, it is also, in general, very much within the influence of remedial measures.

FURUNCLE; BOIL.

The appearance of a common boil is familiar to all, inasmuch as there is, perhaps, scarcely an individual alive, who has not himself, at one period of his life or another, been the subject of the disease. Furuncle is usually first perceived as a small, hard, conical-shaped swelling, the size of a large pea, or larger, affected with a peculiar dull pain, and situated most commonly about the buttocks, front of the abdomen, nape of the neck, or axillæ, although it may also occur on any other part of the body. This conical swelling increases rapidly in size; it becomes of a florid red colour; its base extends widely around, and evidently penetrates deeply; the pain which accompanies it also becomes more severe, and has been compared to a gimblet piercing the skin, and is frequently distinctly pulsative. About the fifth or sixth day the summit of the cone, which is now probably larger than a hen's egg, and often even equals a small tea-cup in size, becomes pointed and white, and by and by gives way,

when a very small quantity of bloody purulent matter escapes, and a sloughy piece of cellular membrane is perceived through the very small opening that has been formed. This slough or *core of the boil*, as it is termed, commonly becomes loose about the tenth or twelfth day, when it is either expelled spontaneously, or starts out with the assistance of a slight degree of pressure on the base of the tumor. The pain then ceases, the swelling subsides rapidly, the cavity which the core occupied contracts, fills up, and, in the course of a few days, a small cicatrice and a slight degree of surrounding dusky redness are all the traces that remain of the disease.

It rarely happens that one boil is all that appears. There is, indeed, generally one pre-eminent in size, &c. but this is very commonly surrounded by what may be called a successive crop of tumors of the same description, evolved in the vicinity of the great one. These run their periods more quickly, and the small core they contain is frequently never expelled.

Boils are most frequent among the youthful. Their appearance is pretty regularly connected with some evident derangement of the chylopoietic viscera. In this state of affairs, any accidental irritation of the skin, such as friction, pressure, &c. sometimes proves the obvious cause of their development.

Furuncle is occasionally a troublesome disease, especially when one boil after another is evolved under the influence of a slightly deranged state of the general health.

It would appear that the disease may be checked if the part affected be touched freely at a sufficiently early period with nitrate of silver. Discutients of all kinds always prove ineffectual in preventing its arrival at suppuration. A soft poultice is therefore the best or only good application to a boil that has passed its first or earliest stage. The constitutional disturbance, under the influence of which the disposition to the disease is engendered, must be attended to, and the stomach and bowels brought into a healthy state, by the regulation of the diet and the exhibition of an alterative and

aperient for a few days. By such a course, an individual who for months shall never have been able to mount his horse, without paying for the act with a boil on his buttock, and a week's confinement to his room, will speedily be enabled to ride the whole day, not only with impunity, but with great advantage to his general health.

ANTHRAX; CARBUNCLE.

Anthrax often begins very much in the same way as furuncle. It then appears as a small, hard, but rather flat tumor, frequently covered with a sanguinolent vesicle or bleb on its surface, of a dusky or livid red colour, and the seat of a sensation of numbness at first, rather than of pain. Frequently the disease appears with much larger dimensions, and the tumor is already an inch or more across, before the patient or those about him perceive the great progress it has made. Anthrax generally extends rapidly, and in bad cases may attain a diameter of from eight to ten inches in as many days. The swelling is at first every where hard and brawny, penetrates deeply, and seems firmly rooted to the subjacent tissues. In every part it is of a deep dusky or livid red, which cannot be made to disappear with pressure; the circumference is of a brighter hue, which yields for a moment before the point of the finger. The accompanying pain is generally either dull and gravative, or of a tensive and burning character.

By and by the centre of the tumor softens, becomes boggy, and evidently contains a fluid mixed with some other more consistent matter. Left to itself the skin covering the tumor becomes livid, thin, and at length gives way in several points, when a little bloody pus is discharged as in furuncle, and the point of a piece of sphacelated cellular membrane is perceived in the orifice. The same process continues over the whole or a considerable extent of the surface of the tumor, and the several orifices gradually fall into one or more of larger

dimensions. The masses of sloughy cellular substance thus exposed exhale a fetid odour, but not of so offensive a description as parts that are stricken with gangrene do. The sloughs are gradually detached, when broad flaps of the skin usually appear loosened in the circumference of the swelling, the discharge generally laudable in quality, diminishes in quantity, the surrounding tumefaction and redness subside, the pain abates, the loose flaps of skin become consolidated to the parts beneath, and the sore slowly fills up, leaving a very conspicuous depressed cicatrice behind it.

Anthrax frequently invades without any precursory signs of constitutional disturbance, and these when they are observed are seldom of any intensity. During the progress of the disease, however, symptoms of a febrile nature set in, and when the tumor is extensive often run high. The pulse is quick and the respiration hurried, the secretions are suppressed, the appetite destroyed, the bowels constipated, the urine scanty and high coloured, &c.

As furuncle appears to consist in the inflammation and death of one of the conical masses of cellular substance which penetrate the skin, so anthrax would seem to result from the simultaneous affection and sphacelus of a number, greater or less in proportion to the extent of the disease, of these processes in the immediate vicinity of each other. Both diseases have the peculiarity of being developed from within outwards, not from the more superficial to the deeper seated structures, as are the great majority of the cutaneous affections we have already described.

Furuncle attacks the youthful, and occurs principally on the anterior surfaces of the body; anthrax appears among adults and the aged, and shows itself in preference on the posterior parts of the trunk, as upon the nape of the neck, the scapular regions, the posterior and lateral parietes of the thorax and abdomen, &c.

Neither furuncle nor carbuncle are at all liable to be mistaken for any other form of cutaneous affection. The presence

of a sloughy core is a peculiarity observed in no other disease of the integuments.

Anthrax is not in general a very formidable disease. When it occurs in an aged individual or in a subject of shattered constitution, however, it is by no means exempt from danger. When the parietes of the thorax or abdomen are its seat, it is occasionally complicated with an inflammation of the lining membranes of these cavities, and acquires a character of intensity and of danger that is foreign to its nature when it occurs without such an accompaniment.

If general symptoms were running high in a case of anthrax, and there were nothing in the general appearance or constitution of the patient to contra-indicate the practice, it might be proper to bleed from the arm. Blood-letting, however, will not subdue to any extent the constitutional disturbance in anthrax, and has even less influence on the system and disease itself, than the action of a brisk aperient. Rather than bleed therefore in the first instance, it is better to begin by prescribing five grains of calomel combined with ten or fifteen of jalap, and the same quantity of cream of tartar. Should this not act within three or four hours, the jalap and cream of tartar may be repeated at intervals until it does.

If the tumor be distinctly formed, and of moderate size, when we are called to a case of anthrax it should immediately be divided by a crucial incision which must penetrate completely through and even extend on each side a little beyond it. If the swelling be very extensive, a greater number of incisions must be made, so many, in a word, as are found necessary to set every part of the tumor at liberty. The local bleeding, and the relaxation of the tissues, strangulated and stretched to the uttermost, that follow these incisions, are of the greatest consequence in putting a stop to the morbid processes by which anthrax is induced and continued. The pain soon ceases, the sloughs are rapidly detached, and reparation of the injury done commences immediately, and is achieved much more rapidly than when the disease is allowed to run

its course uninterrupted. Add to this, that the constitutional and febrile disturbance very speedily subsides, and it will be allowed that the treatment of carbuncle by means of incisions, is one of the most evident triumphs of the healing art. The after-treatment consists in the application of a soft poultice, or of a few folds of rag to absorb discharge; the shreds of sloughy cellular membrane should be taken away as they become loose, and the pus prevented from lodging under the overlapping pieces of integument. These are even occasionally better removed with a sweep of the scalpel or fine scissors, than left to be slowly absorbed, or to adhere to the parts beneath them still more tardily. When the carbuncle has been situated upon parts whose motions would be liable to be impeded by the formation of a hard cicatrice over them, or in situations where deformity to a greater or less amount would be induced by its shrinking, great care must be taken to insure its regular and proper organization.

I think it unnecessary to do more than hint at the propriety of meeting the internal inflammations which occasionally and accidentally complicate anthrax, by the measures appropriate to inflammatory affections generally.

PUSTULA MALIGNA; PERSIAN FIRE.

This is a contagious and gangrenous inflammation of the skin, characterized at the outset by a vesication or bleb filled with a sero-sanguinolent fluid, under which a small lenticular induration is formed, itself surrounded before long with an erysipelato-phlegmonous areolar swelling. This tumor is next stricken with gangrene, which spreads rapidly from its centre towards its circumference.*

Malignant pustule has been thought by some only to arise from the contact of the matter of the carbuncle of animals, or of the exuviæ or bodies of such as had died when affected

* This is the definition as given by Dr. Rayer in his Traité, &c. des Mal. de la Peau. Par. 1827.

with this disease. But it has been pretty well ascertained by others to arise primarily in the human subject.

The disease begins with a considerable degree of pruritus in a particular point of the skin; this is succeeded some hours afterwards by the formation of a small red spot like the bite of a bug, which by and by appears covered with a vesicle, the size of a millet seed at first, but gradually acquires larger dimensions. The vesication, full of sanguinolent serum, soon bursts spontaneously or is torn by the nails of the patient. After between twenty-four and thirty-six hours from the invasion of the disease, a hard, circumscribed lump, uneven on the surface, and of the form and size of a split pea, is evolved under or in the seat of the vesication, around which, as a central point, a yielding but firm swelling, of a reddish or livid colour, and covered with secondary phlyctenæ, is developed. The central part next becomes brownish in colour, hard, insensible, and gangrenous. The inflammation extends to a considerable distance around: the skin is red, tense, and shining; the sub-cutaneous cellular membrane is swollen, infiltrated, and often emphysematous; the whole of the part affected finally loses its sensibility, and the gangrene of the centre spreads with rapidity to the surrounding tissues.

It may be conceived that this series of morbid acts does not proceed unaccompanied by constitutional disturbance often of a very severe and dangerous kind. All the symptoms of typhoid fever of the worst description are in fact associated with the progress of the local disease, and these are sometimes so severe, and the gangrene so rapid and extensive, that the patient sinks and is lost within the first twenty-four hours of his illness.

When the disease shows a more favourable tendency, an inflamed circle of a vivid red appears around the gangrenous eschar, a line of separation is established between the dead and living parts, and the surrounding tumefaction subsides; the pulse at the same time acquires volume and strength, and declines in frequency; the secretions are restored, and the patient feels better.

Malignant pustule occurs with every degree of severity, and may end fatally in the course of twenty-four hours, or not run its course, whether favourable or unfavourable, within a considerable number of days.

The spreading gangrenous character of malignant pustule, combined with the various other and accompanying symptoms of the disease, distinguish it from all known affections of the skin. In its earliest stage, and when covered with a sero-sanguinolent vesicle, it might be mistaken for anthrax; but the error would be but of short duration.

The prognosis in malignant pustule is not in general unfavourable. Unless the disease proceeds rapidly and almost immediately to a fatal issue, we are not without means of controlling its progress, and bringing it to a happy termination.

As in anthrax, a principal measure in the treatment of malignant pustule is the division of the dead and mortifying parts. This must be done completely, but the incisions need not extend beyond the structures actually implicated, inasmuch as in this disease escharotic or caustic applications are found to be powerful correctives of the morbid processes that are going on, and any division of parts beyond the circle of those immediately affected, without benefiting the disease, immediately, causes the escharotics which are subsequently applied to act more extensively than is necessary. When the affected parts are freely divided, then, a dossil of lint dipped in the fluid acid nitrate of mercury, or liquid muriate of antimony, is to be applied over the whole of the gangrenous surface, and retained there for some hours, after which it is to be replaced with turpentine or warm dressings of any kind. If on the morrow there be no appearance of an extension of the disease, if the heat and peculiar sensations which have hitherto accompanied it have subsided, there is every likelihood that a stop has been put to the progress of the mischief, and that reparative will now take the place of destructive processes. If on the contrary the eschar appears to be surrounded with a hard and brawny swelling, and a diffuse phlegmono-erysipelatous circle of inflammation, the disease

is still on the increase, and renewed incisions and a fresh application of caustic must be had recourse to without loss of time; should the eschar from its thickness or dryness appear to offer any obstacle to the adequate action of the caustic, it may very properly be dissected out.

As we seldom or never see malignant pustule in Great Britain, I have little to say on the general or internal treatment. Blood-letting does not seem beneficial; diluents and the antiphlogistic regimen are the usual prescription on the continent, in several countries and districts of which the disease is of frequent occurrence. I should think it highly probable that purgatives, in doses adequate to excite active secretion from the alimentary canal, would be attended with the best effects in malignant pustule, as well as in anthrax.

The cicatrices that result from malignant pustule are of the same description as those that follow anthrax, and frequently require the same management to prevent them from impeding the free motions of articulations, and proving the cause of considerable deformity.

DISEASES APPEARING UNDER A VARIETY OF ELEMENTARY FORMS.

Under this head, by far the best and fullest writer of the present day upon diseases of the skin, Dr. Rayer, has included *Burns*, *Chilblains*, and the Eruptions consequent on a Venereal Affection of the system, which he designates, along with Alibert, *Syphilides*.

It does not fall within my plan to treat of such accidents as burns; neither do I think the place well chosen for the discussion of the subject; and to me it looks very like abuse of an excellent system, (that, namely, of reducing the various lesions of the skin to a number of elementary forms,) to speak of burns as exanthematous, bullous, gangrenous, &c. when the appearances presented depend almost entirely on the degree of stimulation which the parts injured have undergone,—a slight scald occasions erythematous redness, a severe burn induces effusion under the cuticle, and one still more severe causes the death to a smaller or greater depth of the surfaces implicated. The same may be said of chilblain,—the reaction that follows the continued application of a low temperature is followed, in lax and delicate constitutions, by erythematous redness, by vesication, and by sphacelus or ulceration. Had I inclined to discuss these subjects, (and perhaps I ought to have said a few words on chilblain,) I should have spoken of them under the head of inflammations of the skin from excess or undue subtraction of the stimulus of heat. In the present chapter, I shall confine myself to the very interesting class of eruptions developed under the influence of a constitutional venereal taint, they themselves often proving

principal, sometimes sole evidences of the existence of this infection of the system.

SYPHILIS.—SYPHILIDE.

The symptoms of syphilis are generally spoken of under two distinct heads, as they are primary, and as they are secondary. The primary symptoms comprise such as follow locally on the inoculation of the venereal poison; the secondary, those which attend upon its absorption into, or action upon, the system at large.

A natural and very marked division of the primary symptoms of syphilis is established according as the poison acts, by inducing a muco-purulent discharge from the urethra, or surface of the glans penis in the male, from the vagina, and occasionally the urethra, in the female, or by causing a sore upon some part of the prepuce, glans, or body of the virile organ, upon some point of the female labia, or orifice of the vagina. The first form of venereal affection is universally known by the title of *gonorrhœa* or clap, the second, with all its concomitants, by that of *chancre* or pox.*

Great diversity of opinion has prevailed among medical men in regard to the identity or difference of the specific causes of these two very dissimilar forms of venereal infection. Into the discussion of this question it were foreign to my purpose, and to the end held out in this PRACTICAL COMPENDIUM, to enter. I shall only say that the weight of evidence and character of the witnesses, seem to me decidedly to preponderate on that side which maintains the identity of the poison of gonorrhœa and chancre.

Gonorrhœa is by much the most frequent form of primary

* I do not here speak of *bubo* as a primary symptom of syphilitic infection. I do not know that there is one perfectly satisfactory case on record, in which secondary syphilitic symptoms followed the enlargement and suppuration of a lymphatic gland in the groin, unpreceded by sores upon the penis, or discharge from the urethra.

venereal infection encountered at the present time. A day or two after impure sexual intercourse a sense of tickling is felt a short distance behind the orifice of the urethra, which, on being examined, is found to be unusually red, and slightly tumid. These symptoms, in a few days more, are followed by a discharge from the urethra, scanty and colourless at first, but by and by abundant, and successively of a yellowish white and then of a greenish yellow colour. The disease is accompanied with a variety of adventitious symptoms, such as scalding in passing water, painful erections, chordee, &c. and attains its height in from eight to ten days, when the discharge becomes thick, and begins to diminish in quantity.

We have the direct testimony of all the good writers of the fifteenth and sixteenth centuries to the fact of gonorrhœa being, in their day, one of the common initiatory symptoms of constitutional syphilis: this circumstance is brought under our notice much less rarely at the present time, yet there is not wanting abundant evidence of secondary symptoms, such as ulcers in the throat, coppery eruptions on the skin, nodes, &c. having followed simple gonorrhœa, that is, muco-purulent discharge from the urethra or vagina, without obvious or suspected solution of continuity.

Those writers, and particularly Carmichael, who have imagined and endeavoured to demonstrate the coincidence of peculiar forms of secondary eruption along with each individual variety of primary affection, inform us that the exanthematous and the papular are the species of syphilitic eruption which most commonly succeed gonorrhœa, in the event of the disease being followed by constitutional symptoms.

The second of the modes in which the poison of syphilis affects the system primarily, is the production of a small pustule which speedily becomes an open ulcer upon some part of the external organs of generation, most frequently on the glans penis and inner surface of the prepuce, in the male, on the labia, clitoris, caruncula myrtiformis, &c. in the female. To the sore thus engendered, generally within from eight to ten days after the date of an impure sexual con-

nexion, the term *chancre* had been long familiarly applied.

Too much attention, it seems to me, has been given to this ulcer, and too little to the primary form of inflammation by which it is occasioned. It is merely by the by and incidentally, as it were, that writers speak of the inflamed point and small pustule which proclaim the inoculation of the venereal poison, whilst they exhaust whole chapters in the minute description of every varying appearance presented by the ensuing ulcer. Since Mr. Hunter's time, too, attempts have commonly been made to confine the title chancre to a particular species of sore,—*the venereal sore par excellence*, the peculiar and specific product of the inoculated venereal poison, as the cow-pox pustule is of the inoculation of the vaccine virus, whilst every other variety of ulcer occurring on the genital organs, in consequence of impure sexual intercourse, is held as a modification of the chancre, and less truly specific in its nature. My own conviction is, that the sores engendered upon the organs of generation in consequence of impure sexual intercourse, present a variety of appearances, exhibit dissimilar tendencies, and prove more or less apt to occasion secondary symptoms according to the part upon which they are developed, to the state of health in which the individual affected happens to be at the time, and to the treatment they receive. The *primary form of venereal infection is a pustule in every case;* and the influence of situation alone, upon the appearance of its consequent ulcer, is made abundantly evident by the fact that, speaking generally, each variety described has its peculiar locality: thus the Hunterian chancre is scarcely seen save on the glans penis; and, in illustration of this point, I may here state that I have known one of the most practised eyes deceived, and the acute mind that saw through it, proclaim a sore, which had been produced by the firm application, a few days previously, of a button of lunar caustic to the surface of the part in question, as a case of undoubted Hunterian chancre. All are familiar with the fact, that the simple wound or ulcer that was

advancing rapidly towards cicatrization, assumes an unfavourable or peculiar appearance on the patient's committing any accidental imprudence, on his bowels becoming deranged, or on his general health suffering in any way; all know, moreover, that the injury which in one state of the system is merely local in its effects, is followed in another by constitutional disturbance of the most alarming kind. I believe that it is precisely the same with regard to venereal infection.

If the immediate consequences of the inoculation of the venereal poison, or the primary symptoms of syphilis, as they have been termed, vary materially, as they do, the secondary symptoms of this disease present still greater and more remarkable differences. Yet these, as a whole, form a group so perfectly characteristic, that in no circumstances do medical men generally feel themselves on surer ground than when considering a case of secondary syphilis. Among the more striking features of constitutional syphilitic infection, are the cutaneous eruptions with which it is almost invariably accompanied. These form the particular object of our inquiry in this place.

The eruptions characteristic of a syphilitic taint of the system, have certain features in common, which distinguish them from cutaneous affections of like elementary forms, but developed under the influence of ordinary and unspecific irritation. Among the more remarkable of these must be reckoned the reddish yellow or copper colour, of varying shades of intensity, of the eruption, the circular form presented by the particular spots of which it consists, and the annular arrangement so commonly assumed by these when collected into clusters. The districts of skin upon which these eruptions generally make their appearance are also peculiar; the forehead, the face, and particularly the alæ of the nose, the back, and the shoulders, are the chosen seats of the entire class. The scabs or incrustations to which they give rise, are also very similar, being all thick, of a dark greenish or black colour, and furrowed on the surface. The general symptoms or constitutional disturbance by which

they are preceded are, further, very similar in kind and character; the patient is out of health, his complexion is wan, his skin is sallow, and an attack of inflammatory fever of greater or less severity almost invariably ushers in the eruption. As this last is a fact of the highest practical importance, I beg particularly to solicit my reader's attention to its occurrence. I believe I do not go too far when I say, that the whole plan of treatment proper to be pursued in these cases depends on a due appreciation of the febrile state which precedes them, and accompanies their earlier stages; and that all, or a very large proportion of the mischief which has arisen, and of the obscurity that still envelopes our ideas of secondary syphilis generally, and of syphilitic eruptions especially, are fairly ascribable to the prescription of mercury during the acute febrile stage of these affections. I have had repeated occasion to insist on the necessity of abating the irritable and acute inflammatory states of the system in cutaneous diseases generally, before recurring to the use either of general or of topical stimulating measures. The same idea, without restriction, is applicable to the treatment of constitutional syphilis, and the cutaneous eruptions to which it gives rise.

As to the diseased states of the system entitled *pseudo-syphilitic*, and the eruptions generally denominated *mercurial*,* I hold them to be each as much the effect and the evidence of a secondary venereal taint as I believe gonorrhœa and chancre to be indications of the primary and local action of the syphilitic poison. The term pseudo-syphilis is a standing record of the ignorance of our immediate predecessors and even of contemporaries, of the fact that both primary and secondary syphilitic symptoms were curable without the use of mercury; or of a serious medical error, by which, through unenlightened attempts to subdue one form of local or constitutional disease by the exhibition of mercury, another and more formidable de-

* I here throw out of the account, as may be imagined, the *eczema*, or acute vesicular eruption which follows the excitement of a mercurial course in some rare cases. Vide p. 76.

rangement of the system was engrafted upon that which already existed. I do not therefore believe that any series of symptoms having a resemblance to those characteristic of secondary syphilis either were or ever can be induced by the use or abuse of mercury. The baths of the Hôpital St. Louis at Paris are annually frequented by from five to six hundred individuals, water-gilders, silverers of mirrors, and others, who make use of quicksilver in their handicrafts, on account of illness induced by the action of this metal on their system; but not one of these persons is ever seen affected with ulcers in the throat, coppery eruptions of the skin, or any other symptom which we meet with in those who have fallen into a bad state of health, who have committed excesses, or behaved imprudently whilst under a mercurial course for the cure of a venereal affection. The fact is, that when the system which is tainted with syphilis becomes deranged under the use of mercury, the poison continues to exert its specific effects uninfluenced by the medicine, and we have a new disease superadded to that which already existed: the whole of the morbid phenomena thus induced have been grouped together, and designated by the title of pseudo syphilis.

The eruptions which are developed upon the skin under the influence of a constitutional syphilitic infection, are distinguished from each other by presenting a variety of elementary forms; thus they are *exanthematous*, *vesicular*, *bullous*, *pustular*, *papular*, *squamous*, and *tubercular:* into the particular consideration of each of these we shall now enter.

The *exanthematous* appears to be the slightest and most manageable of all the syphilitic eruptions. It occurs under two very distinct forms, one of them acute,—*roseola* syphilitica, in which a number of irregular, frequently confluent, and dingy red or pale coppery coloured patches, which gradually acquire greater depth of tint, make their appearance during the course of a single night upon the trunk and extremities especially. These can be made to vanish slowly under the pressure of the finger. The eruption is accompanied with a slight degree of pruritus, and, as is said, without any marked general dis-

turbance of the system, although it is probable that careful watching would always detect something like febrile excitement preceding its appearance. The patches are often evanescent, scarcely lasting more than a day or two with their original characters; in other cases they are more permanent; they always leave a dingy stain behind them which is of longer continuance, frequently not being completely effaced until after the lapse of several months.

This variety of exanthematous syphilitic eruption is especially remarkable, from being the only one of the whole tribe of constitutional or secondary symptoms which, at the present day, is ever seen occurring at the same time as those of a primary nature. Roseola syphilitica is in fact occasionally seen accompanying the acute stage of gonorrhœa. But it also occurs as a secondary symptom of syphilis, several months after all traces of the local disease have disappeared: in this case however it is seldom observed alone, being almost always complicated with one or other of the syphilitic eruptions having a different elementary form.

Syphilitic roseola is distinguished by its dingy and coppery hue from simple roseola, the patches of which are of a bright and rosy red.

The second variety of exanthematous syphilitic eruption is of very common occurrence, and is universally spoken of under the title of *syphilitic blotches*, or *maculæ syphiliticæ*. These blotches are usually pretty well defined and of a regular circular shape. They begin and spread from a central point of a dusky red till they attain their full size, which varies between that of a silver three-pence and that of a shilling, and even of a half-crown piece, becoming gradually of a deeper and more decided copper colour as they extend. These spots seldom or never run together; they are smooth on the surface, and as soft as the healthy integument at first, but in their later stages occasionally become a little rough, owing to a slight degree of epidermic exfoliation that takes place from them; they can scarcely be said to rise above the general level of the surrounding skin; they become paler,

but cannot be made to disappear under pressure; sometimes they are naturally paler in the centre than towards the circumference, and sometimes, though rarely, they present the form of rings. The coppery colour of the eruption always proclaims its true nature, whatever the variety of appearance it presents in point of form.

Under the influence of rest, abstinence, and general dietetic means, this form of syphilitic eruption after a time begins to abate, and ends by disappearing entirely. It very rarely happens that syphilitic blotches fall into a state of ulceration; when they do it is probably owing to their accidental complication with some other form of secondary eruption, such as the pustular.

The most common seat of the maculæ syphiliticæ is the forehead, face, breast, and arms; but they may show themselves on almost every part of the body. Whatever is said to the contrary, I am satisfied that this eruption never makes its appearance without having been preceded by restless nights, quick pulse, foul tongue, pains in the bones and larger joints, and other symptoms of general febrile disturbance.

The *vesicular* form of secondary syphilitic eruption is very rarely seen. The Messrs. Cazenave and Schedel, however, relate the history of a case which seems unequivocal. The patient, after suffering from heat in the throat and difficulty in swallowing, slight general symptoms,—a little anorexia, and some trifling fits of fever, *(quelques légers mouvemens fébriles,)* perceived an eruption which extended over the greater part of the body, and consisted of a punctuated effusion under the cuticle of minute quantities of transparent serum at considerable intervals from each other. Some of these vesicles were in a nascent state, others were fully developed, and others were declining, when the patient entered the Hôpital St. Louis, where the disease was at first mistaken for chicken-pox. M. Biett, however, when he saw the patient, immediately discovered the greatest resemblance between this eruption and two other cases of a similar kind, which he had met with, of a decidedly syphi-

litic nature, so that he came to the conclusion that this one also was venereal. The progress of the disease amply confirmed his diagnosis. The vesicles in fact were small, surrounded with a distinct coppery areola, very indolent, accompanied with no pain, scarcely any appreciable degree of heat, and no pruritus. The fluid they contained by and by dried up and fell off in the shape of flimsy scales; they every one left a coppery injection of the skin behind them, which presented all the characters of a syphilitic blotch. Added to these circumstances, a careful inspection of the fauces gave rise to the discovery of a rounded ulcer with a greyish bottom, sharp cut edges, &c. Little doubt therefore remained of the truly syphilitic nature of the eruption under which this patient laboured; if this point could be fairly called in question, it was completely set at rest by the whole of the body a month afterwards becoming covered with *syphilitic pustules*.

The *pustular* is among the most frequent forms of syphilitic eruption encountered. The pustules are commonly of large size,—*phlyzacia*, as they are termed, and approach those of ecthyma very closely in their general characters; more rarely they occur of smaller size,—*psydracia*, when they have very many features in common with the eruption of acne *rosacea* at its height.

The *phlyzacious* syphilitic eruption appears most frequently on the breast and face, and generally in successive crops, so that pustules in all their different stages of incipience, growth, completion, and decline, may usually be studied in the vicinity of each other at one and the same time. These pustules occur for the most part isolated and pretty widely scattered; they are not very prominent, and are sometimes positively flattened on the surface, and even depressed in the centre. Their bases are hard and of a deep coppery hue; at their height they may be about the size of split peas, and contain a little apparently laudable pus, of a pure whitish yellow colour. After continuing in this state for a few days, they burst, and their contents escape and harden on the surface

into brownish black scabs, which whilst they continue to adhere are surrounded by coppery areolæ, and when they are detached discover deep stains or blotches of a similar description, occasionally the cicatrix of a small superficial ulcer, and sometimes, when the pustules have been large, the scabs broad and thick, and the accompanying inflammatory symptoms have run high, the irregular scar of a more extensive ulcer.

The *psydracious* syphilitic eruption* makes its appearance, like the last, most commonly on the forehead and face, over the breast, and between the shoulders, in successive crops, often in great numbers, and thickly clustered together. They are of small size, often of a conical shape, and seated on hard bases of a coppery red colour. They go through their different stages slowly, and are always to be observed in every period of their progress in the neighbourhood of each other. The fluid they contain concretes into minute scabs of a dark brown colour, which, when detached, often leave small but rather deep cicatrices, capable of receiving the head of a pin, sometimes small indurations, and always dark coppery red stains behind them.

Both of these species of pustular eruption are preceded by fever of greater or less severity, proclaimed in the usual way by restlessness, want of sleep, failure of appetite, constipated bowels, pains in the limbs, &c. They are frequently complicated with various other species of syphilitic eruption, particularly with the exanthematous and papular, which is one cause for the psydracious variety having been sometimes described under the title of lichen.

The *bullous* is another form of syphilitic eruption which is of very frequent occurrence, but which is very commonly de-

* This eruption is described by some continental writers, and very lately also by Mr. Bacot, as a *lichen*. The mistake has arisen from want of a right understanding of the definitions of the elementary forms of cutaneous disease, and from translating the Latin word *papula* in its pathological sense by the English word *pimple*. No uninitiated person would call a pathological *papula* a *pimple*, which he certainly would a *pustula*.

scribed either as a merely larger variety of the pustular,* or as a species of the tubercular disease.† In this form, the eruption is seldom or never copious, and is generally seen on the forehead, on the body and arms, but especially on the legs. It first appears as a dusky or livid blotch as large as a sixpence, and even as a shilling, from a greater or less extent of the surface of which the cuticle is by and by detached, and slowly raised by the effusion under it of a sero-purulent or turbid sanguinolent fluid. This pustular bleb is next surrounded by a broad copper-coloured areola. In the course of a few days it bursts, when its contents escape in part, whilst the rest exuding slowly, harden on the surface into a broad blackish coloured, circularly wrinkled, very hard and firmly adhering, incrustation, which gradually increases both in thickness and in extent; for secretion goes on from the diseased surface underneath it, and its edge encroaches on the parts around, by a process of tardy ulceration, which however occurs very regularly. The disease in this state presents the greatest resemblance to rupia *prominens*. Occurring on the forehead, these scabs have long been distinguished by the strange title of *corona veneris*. The blebs run their course without any great degree of accompanying local inflammation: they are essentially indolent. The scabs, if left to themselves, continue to adhere for a great length of time with very little appearance of change, save perhaps some trifling increase of dimensions. When they do fall off, or are got rid of by means of topical emollient applications, foul and unhealthy ulcers are brought to view, which rarely fail to exhibit something of a disposition to spread circularly, the circumference being surrounded by a deep red margin similar to what is seen in phagedenic ulcers, as well as again to become covered with the limpet shell incrustation.

This form of syphilitic eruption, like the rest, is preceded for some days by a disturbed and febrile state of the system.

* By Cazen. and Sched. 2nd Ed. p. 440.

† By Bacot, On Syphilis, p. 236.

This, or a modification of this bullo-pustular disease, is also the form of syphilitic eruption which the unfortunate infants that are born labouring under secondary symptoms of the venereal disease commonly present.

The *papular* is the next form of syphilitic eruption (lichen *syphiliticus*) which I shall notice. In some cases this eruption has many of the characters of an acute affection, when it is observed to accompany or to follow very shortly after the disappearance of a gonorrhœa. The papulæ then show themselves over every part of the surface, but, as usual, principally on the face. They are of very small dimensions, slightly conical in shape, closely crowded together, and surrounded by dusky red areolæ, which blending together give to the whole region affected an uniform coppery blush, beset with innumerable prominent points of rather less intensity or depth of hue. This eruption is commonly completed within from twenty-four to forty-eight hours after its first appearance, and is generally preceded by obvious constitutional disturbance.

The syphilitic papulæ which appear with these characteristics begin to shrink in the course of a few days; a slight furfuraceous desquamation then commences and continues for some little time longer; this gradually disappears, and nothing then remains but the stained surface which is characteristic of every variety of syphilitic eruption. When the syphilitic lichenous eruption appears with symptoms of considerable severity, however, (a case in which it may be likened to lichen *agrius*), the papulæ become excoriated on their surface, and may be succeeded by superficial ulcerations, covered in the same manner as the disease mentioned with flimsy incrustations, produced by the drying of the small quantity of serous fluid which then exudes from the abraded apices of the papulæ.

It much more commonly happens that the papular eruptions of syphilitic origin appear with all the symptoms of chronic affections. The papulæ are then broad, flat, and sometimes as large as a herring scale, of a circular shape, and very

evident copper colour. They are slowly and successively evolved without pruritus or pain, and are seldom or never surrounded by any areola. They appear on the limbs in the same situations as the papulæ of lichen, but also very commonly on the brow and over the surface of the hairy scalp.

The papular is a very general concomitant of the various other forms of syphilitic eruption. It commonly ends in resolution, with a pellicular and frequently repeated desquamation from the surface of the papulæ, as they sink to the level of the skin around them, and gradually contract in size. As usual, they leave stains of a dingy red colour behind them, which are very long of disappearing.

Restlessness, inappetence, some elevation of pulse, constipated bowels, and pains in the limbs and joints, precede the out-breaking of the papular as they do all the forms of syphilitic eruption already mentioned. These are often slight certainly, but they constantly occur, and their importance ought never to be overlooked.

To the *squamous* from the papular form of syphilitic eruption, the transition is natural and easy. The squamous syphilide presents itself with a variety of characters, which, however, may severally be assimilated to one or other of the simple squamous affections of the skin which have already been described. Thus the eruption occurs with almost every one of the features of lepra *vulgaris* in one case, and of psoriasis *guttata* especially, in another.

There is a very remarkable case of syphilitic lepra detailed by the Messrs. Cazenave and Schedel.* The patches were exactly circular and varied between a very few lines, and half an inch and even more in diameter. They were raised around their margins, depressed in their centres, and of a very dark colour, still more remarkable in the middle of the spots than in the raised points which formed their circumference. The squamæ which covered these spots were thin, dry, apt to split, and but slightly adherent. When detached,

* Op. Cit. 2nd ed. p. 450.

smooth and polished elevations were exposed. The parts upon which these scaly spots appeared were of a dusky colour, in the first instance, and they were evolved without unusual heat, smarting, or pruritus. The raised or papular looking points that sprang up upon these blotches and were afterwards covered with squamæ, were of a red coppery colour; the disease consequently did not commence, like lepra *vulgaris*, with the development of a bright red papular-looking point upon a healthy surface. The skin of this patient, in the intervals between the squamous patches, was of an earthy colour, and exhaled a peculiar odour.

This is the squamous disease to which, if to any, the title lepra *nigricans* is applicable. It is not the affection described under that name by Bateman, however, and as it arises under the specific influence of the syphilitic poison, I should say it was better to speak of it as a squamous syphilitic eruption of unusually dark colour, presenting many of the external characters of lepra. This form of eruption is rare; it is always chronic in its nature, of very long continuance, and ends in resolution and repeated desquamation, never in ulceration.

A much more common form of squamous syphilitic eruption than the leprous, is that which occurs with the external characters of psoriasis *guttata*. The patches of this syphilide are generally isolated, distinct, somewhat irregular in shape, slightly raised above the general level of the integuments, and covered with thin, hard, greyish coloured, and pretty firmly adhering squamæ. They are usually observed to be successively evolved upon the arms, breast, back, forehead, and face; sometimes they extend to the scalp, and generally over the trunk and extremities. They make their appearance in the guise of little points of a coppery hue, which rise, spread, and become covered with squamæ; at their height they vary in size from the dimensions of a split pea, to that of a shilling or more. When freed from their investing squamæ, they are smooth, soft, and shining on the surface, not hard and scabrous like those of simple psoriasis. They are farther of a decided dingy copper colour, not of a vivid red like these last.

Diseases very similar in their characters to psoriasis *palmaris* and psoriasis *plantaris*, are also occasionally evolved under the influence of the specific irritation engendered by the presence of the syphilitic poison within the system. These are distinguished by the copper colour of the papular looking elevations in which they commence.

The general symptoms that precede and accompany the first stages of the squamous syphilides, are less remarkable than in several or most of the other forms of syphilitic eruption; yet the patient very constantly complains of feeling himself unusually low and out of sorts, of restless nights, loss of appetite, torpid bowels, pains in the limbs and larger joints, &c. These symptoms often pass unnoticed, and were they not followed by so remarkable a phenomenon as an eruption of coppery points that spread and afterwards acquire a covering of squamæ, they would in fact be unimportant. Thus succeeded, however, they assume a consequence which in themselves they do not possess.

The *tubercular* is the only other species of syphilitic eruption which remains for me to mention. The elementary form of this syphilide is frequently overlooked; the disease is not described until it has passed into its second stage, when the tubercles have become ulcerated and covered with hard, black, and often conical scabs, and when of course it is spoken of as a pustular affection. But the primarily tubercular form of syphilitic eruption is of very common occurrence. It presents a considerable variety of appearances, the principal of which I shall indicate rather particularly.*

In some cases the tubercles are small, varying between the size of pins' heads and of peas, rounded, generally arranged side by side, with little space between them, and in such wise as to form perfect circles of varying diameter, and of the

* Following closely the excellent article of Cazenave and Schedel on this subject, composed after the luminous expositions of Biett in his clinical lectures. Op. Cit. p. 442.

usual coppery colour. Each of these tubercles frequently becomes partially covered on its surface with a hard, dry, and greyish coloured scaly plate. The middle of the circles appears to be perfectly healthy. This variety of the tubercular eruption occurs principally on the forehead and on the neck. It rarely ends in ulceration, but generally in resolution, and leaves dusky or livid red stains, in the situations it occupied, long after the tubercles themselves have disappeared.

It happens at other times that the tubercles of this syphilide are of somewhat larger size, like horse beans or small olives, of an oval or pear shape, very prominent, smooth and polished on their apices, and clustered together irregularly over a surface of variable extent. These tubercles are principally seen on the cheeks, and occasionally on the extremity of the nose. They are extremely indolent, not disposed to fall into a state of ulceration, and are not, like the preceding variety, covered with any epidermic squamous disc.

The tubercles again are sometimes of very considerable size, few in number, isolated, rounded and encircled with a copper coloured areola. These are principally seen on the upper lip and nose. They continue indolent and stationary for a time, but by and by become painful, swell, are surrounded with a peculiar livid circle of erythematous inflammation, and give way on their summits, when a scab is formed, flimsy at first, but increasing gradually in thickness and in breadth, whilst the ulcer that is formed underneath it spreads both in depth and in surface; fresh tubercles are usually evolved in the neighbourhood, or on the edge of the sore at this stage, which fall successively into ulceration, so that an ulcerated surface, often of considerable extent and hidden under one continuous and rugged incrustation, at length results. This variety of the syphilitic tubercle, both in its general characters, and in its destructive tendencies, bears a considerable resemblance to lupus. When it happens to be complicated with a carious affection of the bones of the nose, the whole of this member is occasionally irrecoverably lost.

Tubercles of a very similar description to those just discussed, but of still larger size, being occasionally as big as a filbert, are now and then met with dispersed over different regions of the body, but especially the back. These are hard, rounded, and of a dusky red colour; they continue indolent for a time, but their natural tendency is to destructive ulceration, which first attacks the tumor, and then spreads superficially to the surrounding parts, frequently healing on one side whilst it advances on the other, often in spiral, circular, and zig-zag lines, of a few lines in breadth, in a very singular manner, so that extensive surfaces of the integuments appear at length as if covered with the brand marks of some strange and unknown oriental writing. The ulcers thus produced are covered with thick, hard, adhering blackish and wrinkled incrustations. When these are removed, the sores they concealed are discovered, with foul greyish bottoms, and sharp cut, angry, and shining edges. These sores always leave indelible and characteristic cicatrices behind them. The disease is essentially chronic in its type: fresh tubercles go on forming, whilst those that already existed are falling into a state of ulceration, or as the sores to which they gave rise are winding their way over the surface of the integuments, and these, undergoing the same changes in their turn, the disease is protracted indefinitely.

One variety more of the syphilitic tubercle has been described, remarkable for the linear ulcer that is formed upon its surface. The tubercles in this variety are circular, thick, and compressed, but mostly of the size and shape of a lentil. They then usually occur in the cleft between the ala nasi and cheek, or about the commissures of the lips. But they are also occasionally seen on the scrotum, thighs, pubes, and about the anus, in which case they are of larger dimensions, several lines in thickness, isolated, very prominent, especially when situated on the scrotum, and of a particularly dark livid colour. In every instance their surface by and by appears chapped, and a linear ulcer is formed, which pours out a sanious discharge of a particular and very unpleasant

sickly smell. The ulcers of this tubercular syphilide always continue superficial.

I have already hinted at the fact of two or more of these various forms of syphilitic eruption very frequently occurring complicated one with another. It even rarely happens that any one of them is met with singly; at some particular period of its progress, it almost invariably becomes associated with a different form of eruption.

These eruptions, further, are themselves no more than particular items in a long catalogue of symptoms, severally and conjointly characteristic of a venereal taint of the system. Among the more significant of these must be reckoned ulceration of the parts composing the fauces, as of the tonsils, palate, &c.; pains in the bones of the extremities, skull, and sternum, and of the larger joints, as of the knees and elbows, hips and shoulders; thickening of the periosteum; enlargement and caries of the bones, especially of the nose and palate; inflammatory affections of the eye, and particularly of the iris;* inflammatory affections of the ear; the formation of hard movable knots, *under* the skin, termed *tumeurs gommeuses* by Biett, which are apt to decline into foul and intractable ulcers, &c.

The cause of all the various forms of syphilitic eruption, as well as of these diversified symptoms, is by the common consent of all ascribed to the absorption into the system of a peculiar specific poison, usually transmitted from one individual to another by being inoculated upon one or other of the mucous surfaces of the organs of generation, during the sexual act. The disease does not seem capable of being transmitted mediately, as by the lungs, by simple contact with persons infected, &c. although this was currently believed to be possible long after the first appearance of syphilis in Europe as an epidemic.

* In connection with this subject, let me particularly recommend the work of Mr. Lawrence, recently published, On Venereal Affections of the Eye, 8vo, Lond.

I am not sure that any lengthened notice of the features which distinguish the syphilitic from the simple cutaneous eruptions of like elementary forms, is very necessary after the detailed account I have given of the peculiar characters and appearances presented by each of these individually. For the sake of presenting this subject in a connected form, however, I shall run briefly over the principal diagnostic marks of the several eruptions specified.

Syphilitic roseola differs from simple roseola in the less regular shape of its patches, and its more tardy progress; the colour of the two eruptions is also different, that of simple roseola being a florid or rosy red, that of the syphilitic efflorescence a more dingy or dusky shade of the same colour; the decided *coppery* tint is not apparent at first, but it gradually appears, deepens as the disease advances, and even remains as a stain after the inflammation has vanished; very different therefore from what takes place in regard to simple roseola, in which the eruption is extremely vivid at first, and gradually becomes fainter and fainter till it disappears entirely. The coppery hue of the syphilitic exanthema distinguishes it at once from every simple eruption of the same elementary form, particularly erythema.

Syphilitic blotches (maculæ syphiliticæ) have a very characteristic appearance, which at once distinguishes them from ephelis or liver spot, and, in fact, from every other kind of cutaneous eruption; their rounded form, circumscribed size, complete isolation, occurrence on the forehead and face, their dark, dingy red, or coppery colour, in particular, and their freedom from pruritus and from habitual desquamation show them very different from the broad, itchy, constantly desquamating, yellowish coloured and irregularly shaped patches of chloasma, situated on the breast and front of the abdomen, in the great majority of instances.

There seems to me no possibility of mistaking the soft, smooth, very slightly raised and copper coloured syphilitic blotch, for the elevated, hard, rough, and bright red papular surface of a patch of lepra or psoriasis freed from squamæ.

The *vesicular* syphilide is readily distinguished from the small number of simple diseases of like elementary form, with which it can possibly be confounded, by the coppery areolæ that surround the individual points of eruption.

The phlyzacia of the *pustular* eruption bear some analogy to ecthyma alone, and from this disease they are distinguished by their evolution over coppery points, and their being surrounded by distinct areolæ of the same peculiar colour. The *psydracious* eruptions of the same class are more apt to be confounded with acne *rosacea*, and some of the allied species. The coppery injection of the base of the syphilitic spots, however, again comes to our assistance here; add that the syphilide is an essentially indolent disease, that there are no signs of increased action in the surfaces affected, that they are not erythematous, unctuous, and sensitive, but, on the contrary, dry, withered, sallow, and shrunk, and mistake seems impossible.

The *bullous*, or bullo-pustular syphilitic eruption, is known by the evolution of the pustular bleb on a dingy red blotch, and the decided coppery hue of the areola that surrounds the thick scab that succeeds it. The bleb of rupia, to which it bears the greatest resemblance, arises upon a ground of an ordinary red colour, and the ensuing scab and sore are encircled with a purplish red ring of pretty active inflammation.

The *papular* eruptions of syphilitic origin differ from the unspecific lichenous and other forms of papular disease, by their wide diffusion over every part of the body, and their occurrence especially on the face; by the dark coppery colour of their areolæ, which, coalescing, form broad surfaces of a deep dingy red, dotted over with innumerable small, conical, or broader papulæ, of a somewhat lighter shade of colour. The differences of elementary form ought to give security against the error which, we must believe, has been supposed possible, when we find elaborate diagnoses established between scabies and syphilitic lichen, between varicella and this eruption, &c.

The *squamous* forms of syphilide are generally so perfectly characterized by the coppery, and sometimes nearly black colour of the eruption, by the soft, smooth surface presented by its patches when freed from squamæ, and by the flimsiness and scantiness of their scales, contrasted with the abundant formation and strength of the epidermic laminæ, in simple lepra and psoriasis, that there is no risk whatever of confounding the disease arising under *specific* causes, with these, which invade under at least *unknown* influences.

The distinction of the various *tubercular* eruptions of syphilitic origin, from the several diseases of like elementary form with which they are liable to be confounded, is one of the most important points in the diagnosis of the whole class of syphilides. It is enough to be aware that the first variety of syphilitic tubercle we have described, occasionally presents itself in an annular form, the summits of the circle of tubercles of which the ring is composed being covered with isolated squamæ, to avoid the mistake of mistaking this peculiar form for a patch of lepra, whether of syphilitic or simple origin. Attentive examination, and the sensations conveyed by the finger, ought always, and will always, enable us to detect a syphilitic tubercle evolved on any part of the body, though covered with flimsy squamæ, from the papular-like spot of psoriasis *guttata*, whether specific or unspecific in its origin; farther, the species of tubercle that bears the greatest superficial resemblance to psoriasis, is sooner or later occupied on its surface by a linear sore, or ulcerated chap, from which distils a stinking ichor that irritates and excoriates the surrounding parts. It is possible that the contorted superficial serpiginous ulcers, in a state of half cicatrization, which follow another variety of syphilitic tubercles, may have been mistaken for the twisted patches of psoriasis *gyrata*. Yet these two diseases have, in fact, little or nothing in common, save the mode in which they spread over the surface of the integuments. The process of extension in the syphilitic disease is always by ulceration, and the sore is covered along its course by true incrustations, of a dark brown or blackish

colour; in psoriasis *gyrata*, nothing like ulcerative absorption is ever seen, and the surface of the spiral patch is invested with distinct dry, white, and glistening squamæ. The syphilitic disease begins in a large isolated tubercle of a dusky red colour, which by and by becomes an open ulcer; the psoriasis, in a bright papular-looking patch, that, from its first appearance, is overlaid with imbricated, pearly squamæ.

The indurations which follow acne *indurata* are distinguished from the tubercles of syphilis by the fact of their consecutive formation, by the circumstance of their having succeeded to pustules, and by the tendency they constantly show to decline, not to increase in size. The cicatrices that appear on the surface of the consecutive indurations of acne are also characteristic, being small, oblong, and pale coloured, not puckered or honey-combed, often of considerable extent, and always of a dingy red or coppery hue.

There is perhaps greater difficulty in distinguishing, at every stage of their growth and progress, between the tubercles of lupus and those of syphilis, than between this latter disease and any other variety of known cutaneous affection. The following considerations, however, will generally suffice to prevent mistake: The tubercles of lupus are of a bright or vinous red colour, and are always evolved amid surfaces in a state of phlogosis, the parts around them are puffed, and they themselves are soft, but little prominent, and uneven on the surface; those of syphilitic origin, on the contrary, are of a dingy red or copper colour, are developed not only without evident excitement, but even with something like a diminution of healthy action in the surrounding tissues, for the skin is sallow and shrunk between them, and they are prominent, hard, even, and shining on the surface. Lupus, moreover, is a disease of an earlier period of life than tubercular syphilis; is very uniformly confined to the face, appearing especially on the cheeks and alæ of the nose, and is mostly uncomplicated, save with signs of a scrofulous constitution, which do not usually display themselves in a deranged state of the

general health. Tubercular syphilis again occurs for the most part among individuals arrived at maturity of years, is evolved upon the forehead particularly, when the face is the region attacked, and very generally shows itself at the same time over the back and shoulders; it is further almost always complicated with various other forms of syphilitic cutaneous affection, and with symptoms of general constitutional disturbance, which there is no mistaking.

The inherent or essential characters of the various forms of eruption evolved under the influence of the venereal poison, consequently, appear sufficient of themselves to distinguish these affections individually and from one another, as well as from every species of unspecific disease to which they bear affinity or resemblance. When to the mere external characters derived from situation, form, colour, tendency, &c. we come to connect the disturbed state of general health, the sallow skin, ulcers in the throat, pains in the joints and superficially situated bones, thickening of the periosteum, formation of exostoses, &c. which are known to depend on the presence of the syphilitic virus within the system, it happens very rarely indeed that there is much room left for doubt in regard to the actual nature of each or all of the different elementary eruptions described.

Some of the syphilides are much more manageable than others. Several of them seem also to betoken a deeper and more complete infection of the general system than the rest. The tubercular is unquestionably by far the most serious shape in which a syphilitic eruption can occur. The bullo-pustular appears to be the next in order of severity. The phlyzacious and psydracious pustular species commonly yield without difficulty to appropriate treatment. The squamous is perhaps somewhat more rebellious, but it is not attended with any ulterior ill affects. The papular and exanthematous eruptions, finally, are by much the most tractable and evanescent of the whole tribe. The prognosis, however, does not in every case, nor perhaps generally, depend so much

either on the species or even on the severity of the particular eruption engendered, as on the stamina possessed by the patient, and the state of his general health: a very trifling eruption connected with much emaciation, great prostration and irritability, sleepless nights and derangement of stomach and bowels, may be a more dangerous disease than a severer and in appearance far more formidable syphilide along with which there is little wasting of flesh, no great loss of strength, and fairish appetite, whilst the nights are passed in great part in refreshing sleep.

The concurring testimony of every candid writer upon syphilis of recent times has established the important fact that the secondary symptoms of this disease, several forms of cutaneous eruption among the number, can be successfully treated upon what may be termed the ordinary principles of medical practice,—the antiphlogistic regimen, and the regulation of the natural discharges sufficing, in many instances, to bring these constitutional affections to a happy termination. As is usual under such circumstances, this discovery, if it may for a moment be so entitled, was carried to extremes; every case of secondary syphilis was maintained to be curable by the antiphlogistic method without the aid of mercury, and this long-valued and invaluable medicine was threatened with entire expulsion from the materia syphilitica at least. Time and further experience gradually rectified the error that was thus committed; it was speedily found that the cure of secondary syphilitic symptoms upon general principles was a tardy process at best, that in many instances little or no progress was made in this grand object by months of confinement to bed, and observance of the strictest regimen, and finally, that in several cases the disease evidently held on in its destructive career despite of all that was done and endured. The faith in mercury consequently returned by degrees, and we are now in a condition to estimate at its true value each particular in the general therapeutic means at our disposal for the cure of secondary syphilis. Our faith in mer-

cury has returned; but it is a modified belief; and we are no longer content to trust to this medicine alone, or to prescribe it indiscriminately during every stage of the disease, and in every variety of circumstance, without regard to the state of the specific affection or general health of the patient.

I have already insisted on the importance of the febrile or disturbed state of constitution which precedes the syphilides generally, and accompanies them during their earlier stages, in giving us a clue to their rational and successful treatment. During the period of excitement stimuli of every kind should be abstracted; the patient should be kept at rest, in bed if possible, and confined to spare diet of the blandest description. Were the patient still young, vigorous, the pulse full as well as frequent, and the attack the first that had been endured, no feasible objection could then be urged to the detraction of 12 or 16 ounces of blood. At all events a few doses of some saline aperient ought seldom or never to be omitted, whilst antimonials and a saline diaphoretic, such as the acetate of ammonia, should be prescribed at frequent intervals. These preparatory measures will be found to aid the after-treatment essentially.

When all symptoms of febrile excitement have been thus subdued, the use of mercury should be cautiously entered upon. This is much more advisable than trusting to antiphlogistic means alone: the symptoms are more speedily, still with perfect safety, subdued at once, whilst the patient is far more certainly protected against a recurrence of the disease, when mercury is guardedly prescribed, than when it is not employed at all,—supposing the affection to be controllable without this powerful adjunct, which we know it is not in a vast amount of cases. Of all the forms in which mercury is or can be prescribed for the cure of secondary venereal symptoms, and particularly of the class of the syphilides, I believe the muriate, or deuto-chloruret of the metal, (corrosive sublimate,) to be the best. A sixth, a fourth, or a third of a grain of this salt may be taken at first daily in the shape of a pill, or in solution in any bland mucilaginous vehicle. The dose of the

medicine may be gradually increased till half a grain is taken during the course of the day. This quantity in combination with some gentle sudorific or diet drink, proves sufficient in the greater number of cases to give an immediate check to the progress of secondary symptoms, and by being continued for a sufficient length of time, to enable the system to purge itself of the syphilitic poison with which it is contaminated.

The proto-chloruret or submuriate of mercury (calomel) is another excellent medicine in these cases, and perhaps there is no better formula than the Plummer's pill for its prescription. This preparation may be begun in five-grain doses night and morning, and continued cautiously so long as the disease appears to be yielding to its influence, or as no symptoms of general constitutional disturbance arise under its use. The sublimate has the advantage of subduing the disease without affecting the mouth, as calomel almost always does when carried to such lengths as are necessary to eradicate the poison. Calomel is also more apt to disagree with the bowels, and to produce purging. The moment any notable degree of general disturbance ensues, and the patient complains of restlessness, thirst, pains in the epigastrium and bowels, when the pulse becomes sharp and frequent, and the skin gets hot and dry, the mercury is doing mischief and must forthwith be suspended, and decoction of sarsaparilla and the nitrous acid substituted for it. The use of the medicine must only be very cautiously resumed after every symptom of the excitement induced has disappeared. It is by the neglect of these precautions that so much injury has been inflicted through the means of mercury, and that this excellent medicine has a kind of vulgar disrepute attached to it.

The blue pill is the third form in which mercury is very usually administered. This preparation is apt to act upon the bowels, when it must be associated with opium and some aromatic; the opiate pill of the Edinburgh pharmacopœia and the opiate confection of the London College are excellent formulæ of the description required.

Experience has amply demonstrated the value of mercurial

inunction for the cure of syphilitic symptoms of a primary nature. This practice seems less applicable to the generality of secondary cases, and particularly to those in which cutaneous eruptions form prominent and principal features. Mercury administered in this way frequently exerts its specific effects upon the salivary and secreting organs, but leaves the disease of the skin unchanged or only very partially amended. There are circumstances, however, in which an irritable state of the stomach and alimentary canal makes us feel scrupulous of prescribing mercury by the mouth; in which, indeed, such practice were sometimes incompatible with our patient's safety, yet in which it is of the last importance to get the system under the influence of this medicine. It is in such a predicament that the power we possess of throwing in mercury by inunction often becomes the sheet anchor of the hopes we cherish of guiding the case to a favourable issue.

But inunction is not the sole, nor is it even the best means known, though it may often be the only one available by which the system can be brought under the influence of mercury, in these delicate and difficult circumstances. We have another and a powerful resource in the practice of fumigation, which deserves all, and much more than all, that has yet been uttered in its praise.

The mercurial preparation commonly used in the fumigating apparatus is the cinnabar or red-sulphuret; the proto-chloruret or calomel is also occasionally employed, but both of these are inferior in efficacy, I am inclined to believe, to the grey oxide; this has the great and obvious advantage, at all events, of not making patients cough, should a little of its vapour be breathed accidentally whilst they are shut up in the apparatus. The system is very readily and rapidly brought under the influence of mercury by means of the fumes of the grey oxide administered in a proper apparatus, even after all other modes of accomplishing this end have been tried and found unavailing; and the importance of the remedy being made to pass by the pores of the skin, and thus brought into immediate contact with the individual points upon which the syphi-

litic poison has, as it were, fastened itself, will not and ought not I believe to be considered as of little importance, seeing that the general measures commonly pursued in these and similar cases, are always aided by topical applications. Mercury administered by way of fumigation has, in my apprehension, the further recommendation of never exciting violent ptyalism: some slight tenderness of the gums is commonly all it occasions; and if this amount of mercurialization of the system suffice rapidly to destroy any amount of latent syphilitic affection, and completely to secure the patient against a relapse, as by long experience I know it is, without the slightest implication of his general health, this surely is better than subjecting him to the torture of violent ptyalism and to the risk of a shattered frame for the rest of his days.

Besides mercury, a compound decoction of sarsaparilla prepared over a quantity of sulphuret of antimony alone, or of this substance and calomel conjoined, has long enjoyed an extensive reputation on the continent, under the title of Tisan de Feltz, in the first case, and of Decoction de Zittmann, in the second, for the cure of secondary syphilis, and particularly of syphilitic cutaneous eruptions.

The muriate of gold is another remedy which has recently been vaunted for its powers in the class of complaints that now engages us.

The sub-carbonate of ammonia is a medicine that often produces the best effects in the disturbed conditions of the system which accompany the progress of constitutional syphilis, or are induced by the ill timed and injudicious use of mercury. A dram of this salt may at first be given daily in barley water, and by and by increased until two or three drams are taken in the course of the four and twenty hours.

Other two excellent medicines, of most appropriate and every day use under similar circumstances, are the decoction or compound decoction of sarsaparilla,* and the nitrous acid.

* A good plan of giving sarsaparilla is to prescribe a dram of the extract in a cup of warm milk, or milk and water, with a bit of sugar, twice a day.

But the means upon which I have long placed my most implicit reliance, when the system has been largely dosed with mercury, and the general health has given way without the syphilitic symptoms appearing to have yielded, is the sulphur fume bath. I have repeatedly seen patients reduced to extremity, so weak that they could not stand, but had to be carried in the arms like an infant, and who were literally covered with ulcerations from the crown of the head to the heel, make a rapid recovery under the use of this powerful means alone. In other cases it seemed to act as a wholesome stimulus to the general system, followed by so signal an improvement in the general health, that patients were speedily enabled to resume the use of mercury, and thus ultimately to obtain a cure.

As in the case of primary venereal sores, many symptoms of a secondary nature are materially benefited by applications of a topical description. The most useful of these are such as are applied to abraded surfaces, and such as are influential in promoting the resolution of tubercles before they arrive at their suppurating or ulcerating stage. The common black wash composed of a dram of calomel to eight ounces of lime water, is an excellent application to every form of sore that arises under the influence of a syphilitic cause. This may in general be made to supersede every form of unctuous application. Should any of these be deemed necessary, however, the weakened citrine ointment, the common blue ointment diluted, and a salve of the proto-chloruret of mercury, will be found as good applications as any. When the ulcers consequent on the destruction of tubercles are foul and indolent, they may generally be aroused to better action by being lightly touched on the surface with the liquid nitrate of mercury. The pain they occasion, which often becomes very distressing, may be successfully appeased by the application of a compress dipped in a weak solution of the acetate or muriate of morphia, or of a pledget spread with cerate in which a little hydrocyanic acid is incorporated.

Still in a torpid state, tubercles of syphilitic origin may

sometimes be resolved by being assiduously rubbed by means of the point of the finger with an ointment of the proto-ioduret or deuto-ioduret of mercury, and, still better, of the ioduret of sulphur.

As an additional and very valuable means of treating constitutional syphilis, and of making life endurable along with the shattered frame which the action of this poison too frequently induces, I must not forget to mention opium, the importance of which as a therapeutic agent in such cases cannot be too highly appreciated.

It would scarcely be held within my province were I to enter more particularly into the treatment of the other and varied symptoms of lues venerea. Let me only be allowed to hint at the propriety of meeting incidental symptoms of any importance as they arise, by the general measures enjoined by a rational therapeia as well as by those specific means which empiricism has recommended. Active inflammation, especially of the internal structures of the eye, must be attacked by general blood-letting, as well as by the prescription of mercury, particularly calomel in large doses, until the system is affected. Should the system under these circumstances, from some peculiarity or idiosyncrasy, as it is termed, obstinately resist the specific action of mercury administered in the ordinary way, let the patient be placed in a fumigating apparatus with a dram and a half of the grey oxide of mercury, and before he comes out, made to respire the air of the bath loaded with the impalpable vapour of this substance two or three times, and it will very rarely happen that the mercurial action will not speedily become apparent.

The following cases are selected at random from among my papers; they are of common occurrence and therefore interesting.

CASE OF CONSTITUTIONAL SYPHILIS, ACCOMPANIED WITH CUTANEOUS ERUPTION, ULCERATION, &c.

In the autumn of 1831 Captain T. contracted syphilis. The primary sore spread till it occupied nearly two-thirds of

the inner surface of the prepuce. Mercury was prescribed internally as well as by external inunction, but without any restriction in regard to diet, mode of life, or otherwise, and the patient apparently got well.

About five months after this, his general health became much deranged, and innumerable blotches appeared on the surface of the body and limbs; for these, and on account of his bad state of health, he was advised to leave Ireland, and proceed to Harrowgate, that he might have the benefit of the baths at that place, and undergo other appropriate treatment.

He had scarcely commenced the baths, however, when the blotches became open ulcerations, from the size of a sixpence to that of a common playing card. The irritability of the patient became excessive, and his health daily worse; he, notwithstanding, persevered in the treatment advised for eleven weeks, but only with the effect of aggravating all the symptoms. His physician then recommended Captain T. to make the best of his way to London, and try the sulphur fume baths under my direction.

On his arrival, I found he had an ulcer in the throat; a fetid discharge distilled from one ear; his forehead, nose, and cheeks, were covered with one continuous scab, whilst a copper coloured red blush extended round it and the other ulcerations; he had fetid discharge from the nostrils, indicative of disease of the nasal passages, snuffling speech, and nodes on each tibia, the pains of which occasioned his nights to be sleepless. The original chancre was further open to its former extent. The patient was in a very weak state, and the case seemed formidable; nevertheless the sulphur fumigations were commenced on the 26th of September, one being taken daily. Captain T's improvement, under this mode of treatment, was rapid. In the short space of a week, more than one hundred of the ulcers had healed, the throat was better, and the general health seemed improved; but the night pains seemed rather to be increased. No internal medicinal treatment had as yet been resorted to; and al-

though the amendment thus far was manifest, yet the leading characteristics of the case being considered, my knowledge of the sulphur fumigations did not allow me to calculate on the progressive improvement of the patient, nor on the permanency of the benefit which he had already received, without the conjoint aid of mercury; I therefore felt it my duty to urge Captain T. to consult a surgeon of eminence. He consulted Sir B. C. Brodie, who was also of opinion that mercury was necessary to establish a cure; and, there being no continuous surface free from ulcers, on which the mercurial ointment could be rubbed, he was ordered fifteen grains of blue pill every twenty-four hours, with decoction of sarsaparilla, and to continue the fumigations. He commenced the mercury on the 6th of October. On the 9th he was under the influence of the medicine, which was diminished to ten grains. On the 10th it was further diminished to five grains in the twenty-four hours. On the 12th it was needful to discontinue the medicine altogether; he, however, went on with the sarsaparilla and the fumigations. The rapid progress now made will perhaps be most readily conceived when I state that by the 17th every ulcer had healed; that the pains in the shins, and the nodes had gone; and that the coppery redness had left the face, and was disappearing from all the healed patches on the surface of the body and limbs.

From this date the patient's recovery proceeded with the same celerity as from the first of the treatment. He soon left London, convalescent, and only taking the sarsaparilla. In all, he took but thirty-four fume baths between the 26th of September and the 6th of November. This was the whole of the treatment resorted to, with the exception of one dose of castor oil, which was directed with a view of abating ptyalism.

It may be said from the speedy recovery in this case, that there was a favourable idiosyncrasy, which disposed the system to be readily influenced by the treatment. It might be so; but I have treated many similar cases with like success. No relapse occurred, and years have now gone by since Captain T. has felt as well as ever he did.

I have often had to observe the beneficial influence of the sulphur fume baths, not only in venereal, but in other obstinate ulcerations. The stimulus of the sulphur in a state of vapour certainly agrees well with indolent sores generally, and even disposes venereal ulcers to heal, as is instanced in the above case; yet I cannot conceive that the sulphur fumigation alone would have done permanent good in such a case; the aid of mercury was further necessary. It is the combination of the two remedies in cases of constitutional syphilis, which I think deserves the attention of the profession. The next is a case of a precisely similar kind, upon which reflections of the same nature might be made.

Case 2. Captain A. B. of the Guards placed himself under the care of Mr. Earle, when already reduced to extremities by the united influence of secondary syphilis, and the constitutional disturbance induced by the ill-timed use of mercury. The forehead and limbs were covered with numerous foul superficial sores, and the parietes of the abdomen and thorax with ulcers of such depth, that several of them seemed to penetrate to the peritoneum and pleura. One side of the scrotum and one testicle had sloughed away, before I saw the patient; the other was lying naked, hanging by the cord, when he first visited me. There was also extensive superficial ulceration of the throat, and the shins were occupied with several nodes. The patient complained of severe suffering from nocturnal pains, and was greatly reduced in strength and spirits, and much emaciated, although in the prime of life.

All that unwearied attention and the best advice could do in this case were done, but no decided improvement took place, and the state of the general health was such, that Mr. Earle felt it impossible again to have recourse to mercury. As a last measure therefore, and with a view of arousing the drooping powers, he recommended a trial to be made of the sulphur fume bath.

The first three exposures in the fumigating apparatus occasioned a good deal of smarting of the open sores, and seemed

even to increase the restlessness and general distress endured in the night: on this account opiates were prescribed, and with the best effects. After the fourth fume bath had been taken an evident amendment was visible. The patient felt stronger, and generally better; his appetite began to return; several of the smaller sores had healed, and others were in progress of cicatrization; his spirits also rose, and his hopes of ultimate recovery revived. The baths were left off after the fifteenth, for ten days, in consequence of an attack of diarrhœa, which, however, did not interfere with the patient's improvement; for on his return, almost the whole even of the very deepest ulcers had cicatrized. The remaining testis was nearly surrounded with a new integument; and Captain A. B. was gaining flesh and strength so rapidly, that he very speedily declared himself quite recovered. As a measure of precaution, small doses of the hydrarg. muriat were continued for about six weeks afterwards; and as several years have now elapsed without any return of syphilitic symptoms, it seems probable that the poison was completely eradicated from the system.

The remaining testicle was uninjured: Captain A. B. is married since his illness, and the father of four healthy children.

DISEASES WHICH ARE SEVERALLY TYPES OF NEW AND ADDITIONAL ORDERS.

PELLAGRA.

The disease thus designated has only been observed in the north of Italy, and although much has been written in regard to its nature, &c. there still seems some doubt whether it ought to be considered as a primary affection of the integuments, induced by the action of the bright light and heat of the sun, or as a symptom of a constitutional malady, engendered by peculiarity of local situation, miasmatic influence, or some other unknown cause. The latter appears to be the opinion entertained by the best informed pathologists.

The disease of the surface is always preceded by symptoms of general constitutional disturbance. The individual affected complains of a singular feeling of depression, both mentally and bodily, of headach, giddiness, loss of appetite, pain and derangement of the bowels, &c. The cutaneous affection next makes its appearance in the shape of small red spots or patches, upon the backs of the hands, on the face and forehead, neck and breast, and exposed parts of the legs and feet. These spots extend gradually, accompanied with some tumefaction of the skin, and a feeling of tension and pruritus. The affected parts are of a deeper colour than those that are possessed by erysipelas, and their surface, which was smooth and shining at first, is by and by covered with epidermic squamæ, similar to those of psoriasis. The patches gradu-

ally extend till they meet by their edges, and thus surfaces of considerable extent are overspread with the disease, the integuments of which become thickened, indurated, and often deeply chapped. This attack commences in the spring, and continues till the end of summer or beginning of autumn, when the affection of the integuments begins to abate; before the winter has fairly set in it has usually disappeared entirely. But the general health does not return in the same measure as the outward malady declines; distressing affections of the stomach and bowels, such as cardialgia, gastrodynia, diarrhœa, &c. still continue.

On the approach of the ensuing spring the symptoms of pellagra return with renewed violence; the depression and weakness are more marked than before; the patient is incapacitated from going about his usual avocations; he is much reduced by diarrhœa, and distressed with cramps in the legs. The disease of the skin again makes its appearance also, and with greater severity than before; the parts affected are often of a brownish or yellowish colour, greatly thickened, covered with hard squamæ, and deeply chapped, especially in the neighbourhood of joints, situations in which it occasionally appears like folds of dry and wrinkled parchment wrapped around the bones.

The symptoms decline, as they did formerly, during the autumn; but the remission is now later of happening and less complete.

The return of the third spring is the herald of a renewal of the pellagra, aggravated in all its features. The weakness is now extreme, and the patient, emaciated and worn out with pain, is scarcely able to support himself upon his legs. The diarrhœa continues, or gives place to decided dysentery; the lower extremities become anasarcous, or there is an effusion of fluid into one or other of the great cavities of the body. Symptoms of a serious affection of the encephalon are superadded; the patient complains of giddiness, falls down in fits of an epileptic character, and frequently becomes idiotic or insane. Things cannot go on long in this state:

the powers of life are gradually exhausted, and patients commonly sink in a state of marasmus, worn out with colliquative diarrhœa and general suffering.

Pellagra is always a formidable and generally a fatal disease. It commonly lasts for several years, and may go on for six, eight, ten, twelve, or more years, before it destroys its victim. The disease is not contagious. It is scarcely seen save among the very poorest classes of the community; but it attacks all ages indiscriminately, and women appear rather more subject to it than men. The peasantry of the Milanese are the principal sufferers from pellagra. The disease is probably owing to the influence of some peculiar miasm engendered in the deep, retentive, and often marshy soil of the extensive plains of Lombardy.

Treatment would appear to have little influence in checking the progress of pellagra. The first and most obvious indication would be a removal beyond the sphere of those influences under the operation of which, whatever their nature, the disease is evidently engendered. The use of the warm bath, and general dietetic means, are what have principally been recommended as curative measures in the disease.

PURPURA.

Purpura is an eruption characterized externally by smaller or larger dark red or livid spots, scattered over the surface of the body, and formed by an extravasation or effusion of blood into the substance of the cutis vera.

This definition alone shows the necessity there was for separating purpura from the exanthemata, among which it was placed by Willan and his followers. Here there is no injection of the capillaries with consequent increase of redness and heat, but a positive escape of blood from its ordinary channels, without suffused redness or augmentation of temperature.

Purpura is not always accompanied with any very manifest derangement of the functions generally, indeed the affection is known to occur in individuals who declare themselves in very good health,—purpura *simplex*, *petechiæ sine febre*, &c.

In this variety, the spots are of a clear but deep red colour at first, and are generally of small size. They become of a darker or more purple hue afterwards. The eruption is already copious a few hours after it is observed, spreading from the legs and thighs, where it first appears, to the shoulders and arms. The spots, though extremely numerous, seldom or never become confluent. They are constantly developed in successive crops, so that some are fading whilst others are arising, and all the shades of colour assumed by the eruption in its progressive stages of increase and decline, are presented at once, often by very limited districts of integument; the spots are of a deep, of a brownish, of a purple, and of a paler red, and of various shades of yellow, in the near vicinity of one another.

The duration of purpura *simplex* is indeterminate; it may last for a few weeks only, or continue for many months, and even for some years. The individual petechiæ remain visible between a week and a fortnight.

Purpura is not uniformly the simple and comparatively trifling disease now described, although, even when it occurs in a more aggravated form, and with many alarming particular symptoms, it is not constantly either preceded or accompanied with febrile excitement, or very marked disturbance of the system generally. In some cases the spots are very numerous, of an extremely deep red colour, and by coalescing, frequently form broad, irregularly shaped, livid or purple patches, like recent contusions. These, as usual, make their appearance first on the legs, and then successively over the arms and trunk. The extravasation of blood to which they are immediately owing, generally takes place into the substance of the skin, and subjacent cellular substance, but occasionally also upon the surface of the cutis vera, so that the cuticle is raised into blebs or blisters, filled

with liquid blood. Spots of the same description as those of the outer integument next make their appearance upon the mucous membrane of the mouth, tongue, and fauces, and unquestionably also of the nasal fossæ, stomach, intestines, air and urinary passages, &c. from which hemorrhage to a greater or less amount takes place, either by constant oozing or by a more rapid discharge, in which case patients have been known to sink rapidly, exhausted through sheer loss of blood: this is the disease which is characterized as purpura *hemorrhagica*.

This variety of purpura, although not necessarily is almost constantly preceded and accompanied by a state of depression, listlessness, and inaptitude for exertion, either bodily or mental. The pulse varies remarkably in its character, being in one case full and hard, in another small, weak, and easily compressible. Symptoms of a disordered state of the stomach and alimentary canal are also very commonly observed.

No term can be assigned to the duration of purpura hemorrhagica: it may end in a few weeks, or be protracted during many months or years. When the disease ends fatally it is commonly by the occurrence of hemorrhage from some important organ, as from the lungs or intestines, or of bleeding from several points at once, or of a continual drain from some particular part, as the gums, nose, kidneys, &c. It is often truly surprising to observe the quantities of blood that are lost in this way before the fatal result ensues.

There is a third species of purpura spoken of by Willan under the name of purpura *urticans*, in which the hemorrhagic spots of the skin are slightly elevated. In other respects this variety does not differ from the simple or hemorrhagic form of the disease. The fourth species which the same excellent author reckons under the title of purpura *senilis*, is one or other of the two varieties particularly described above, occurring in the aged. The variety denominated purpura *contagiosa*, again, cannot be spoken of apart from the general symptoms of typhoid fever with which it always appears associated.

The causes of purpura are extremely obscure. We have

seen that the disease attacks individuals in the enjoyment of apparent good health, nearly as often as persons who are ailing and infirm; the etiology is rendered still more obscure, when we see individuals in the enjoyment of every comfort of life the subjects of the disease nearly in the same proportion as those who live amidst poverty and wretchedness, scantily fed, badly lodged, and thinly clad. The disease seems to occur most frequently among females and youthful subjects before the age of puberty. The blood in this disease has sometimes been observed to be altered in its appearance and general properties; instead of looking opaque and black, and coagulating as usual, and separating into serum and crassamentum, it continues tremulous, translucent, and is of a light red, like thin currant jelly. The disease has sometimes appeared to be connected with something like a stasis in the venous circulation.

I am not aware that purpura *simplex* and *hemorrhagica* are particularly liable to be confounded with any other disease, the skin under no other circumstances appearing sprinkled over with smaller or larger distinct dark red or livid stains, whilst there is hemorrhage from the nose, mouth, anus, urethra, &c. The disease which used to be so well known, but is now so seldom seen, entitled *scurvy*, appears to have had many characters in common with purpura *hemorrhagica*. They are undoubtedly different diseases, however; for purpura is still frequently met with, whilst the assemblage of symptoms denominated scurvy, is very rarely seen indeed, and then only under particular circumstances.

Purpura can never be considered as a trifling disease. It is true that it may exist for months and even for years without notable derangement of the general health; but of this we can never be certain beforehand; and though slight at first, and accompanied with no unpleasant symptom, it is apt suddenly, and without evident cause, to acquire so great a degree of intensity as to bring the patient into imminent danger of his life. The immediate danger in purpura is always in proportion to the frequency with which hemorrhage

occurs, and to the quantity of blood that is lost. The quarter from which it flows must also be taken into account in calculating the probable issue of the disease: by plugging we can in some sort command the flow from the nostrils; coming from the lungs, the risk is greater than it is from the bowels, and from the bowels greater than from the kidneys, &c.

In treating a disease like purpura, the nature and cause of which are so little understood, experience is the only guide that can be safely followed. The treatment of the disease requires, in fact, to be modified according to the circumstances under which it occurs. Were a robust and still youthful individual, with a pulse strong and full, its subject, it would be proper to bleed guardedly. This practice could never be advantageous in a weakly individual, abstemious from inclination or necessity, of spare habit of body, and whose pulse was feeble and compressible. Purgatives appear to be much more generally available remedies in purpura than blood-letting; indeed the principal instances of success that are boasted in the treatment of this disease, have followed the regulated and continued administration of aperient or purgative medicines. The diet and regimen proper in this disease must also be modified according to circumstances: it would be absurd to prescribe severe abstinence to the miserable being who has become the subject of purpura, whilst struggling with want, and enduring privations of every kind; and no less incongruous to recommend nourishing food, generous wine, &c. to him who has been attacked whilst in the enjoyment of every comfort in life. The system of diet prescribed then, must, like the other particulars of the treatment, be in accordance with the condition of the patient. The mineral acids, in combination with the purgative and dietetic plan, seem to have been useful in many cases; it seems unnecessary to insist in addition on the necessity of the patient living in the open air as much as possible, in a pure, dry atmosphere, and taking exercise of a kind and an amount proportioned to his strength.

ELEPHANTIASIS ARABICA.

The disease entitled Arabian Elephantiasis, not as occurring very commonly or particularly in Arabia, but as having been first described by the Arabian writers, is characterized by an indolent enlargement or hypertrophy of the skin, and subjacent cellular and adipose membrane, independently of evident external phlogosis, or internal ordinary œdematous infiltration of these tissues.

This disease appears to be confined to no particular part of the body; in the island of Barbadoes it is frequently seen in the leg, and from this circumstance has been described under the title of the *Barbadoes leg;* in Egypt it has often been met with affecting the scrotum, and has therefore been spoken of by the name of the *Egyptian Sarcocele*, &c.; but no part of the body, as I have said, seems to be exempt from its invasion—the face, neck, breast, abdomen, nates, labia, and margin of the anus, have all, at different times and by different observers, been observed to be its seat. The disease frequently begins in rather a sudden manner, the patient feeling himself unexpectedly attacked with a violent and deep-seated pain in the part which is about to become the seat of the enlargement. When this is the leg, the pain extends along the principal line of the absorbent vessels of the limb, in the course of which a chain of enlarged and very painful lymphatic glands can be detected as high as the groin, where the same bodies are swollen and very tender to the touch. The skin of the extremity now generally shows something like a general erythematous blush, and both it and the cellular substance under it begin to thicken and enlarge.

This local disease does not proceed without symptoms of general constitutional disturbance; the patient has a regular attack of fever: shivering fits, with sickness, vomiting, &c. usher in a hot stage of extreme intensity, which is terminated by profuse sweating. It is remarkable that these

attacks, seemingly dependent on a local cause, should still intermit and return again and again periodically, although at irregular intervals. After each attack, the erythematous redness, which had appeared in the integuments over the course of the lymphatic vessels, subsides; but the swelling never declines in the same proportion as it had increased with the occasion, so that the limb gradually acquires an enormous size, and becomes at the same time so hard as to resist the firmest pressure with the finger. The disease in this way generally continues to advance during several months, after which the faulty actions upon which it depends usually abate; local pain and uneasiness are no longer complained of; the general febrile symptoms also subside; but there is no attempt made to repair the injury that has been done, and the patient is left with a limb that is both burthensome and unsightly. Far from any diminution happening in the hypertrophied skin and cellular substance, during the quiescent state of the disease, there is, on the contrary, a perpetual tendency to further deposition, so that no limits can be assigned to the deformity that ensues. A scrotum affected with Arabian elephantiasis has been removed which weighed hard upon sixty pounds, and one of the lower extremities has been seen which would have gone near to counterbalance the remainder of the individual's body.

The skin is not always, nor perhaps even generally, the primary seat of this affection; sooner or later, however, it participates in the diseased actions that are going on in the cellular membrane under it. From having continued for some time pallid, smooth, and shining, its vessels enlarge, and are often seen permeating it in tortuous lines; it next loses its smoothness and natural polish, becomes rough, hard, rugous, evidently thickened, and covered with knotty projections, warts, and foul epidermic horny-looking incrustations or scales; lastly, it cracks in various directions, especially in those situations where some degree of motion still takes place, and deep and painful fissures then ensue. The lymphatic glands, which have continued all along hard and swollen,

frequently inflame actively, and suppurate, when large abscesses are formed that pour out a profusion of fetid discharge, whence the disease has been described by one able writer under the title of the *glandular disease* of Barbadoes.

The causes of Arabian elephantiasis, like those of so many other diseases, are very little known. It is not contagious; neither does the disposition to it appear to be transmitted hereditarily. Both sexes are alike obnoxious to its attacks, and the wealthy who dwell at ease, as much so as the poor who pass laborious lives. In the island of Barbadoes particularly, where the disease occurs frequently in the legs, it has been attributed to the impression of the draught of air which the inhabitants keep constantly blowing through their houses. But as the same disease occurs in the scrotum and other parts that are kept covered; and further, as the disease is seen in countries that are unrefreshed by alternate sea and land breezes, as in Egypt, for example, it is probable that the cause assigned is rather presumed than real. It is even doubtful to my mind, whether, in every instance, Arabian elephantiasis depends immediately on an inflamed state of the lymphatics and absorbent glands, and whether several diseases have not been described under one common name, which are essentially different in their proximate causes and ulterior tendencies. But as I have seen very little of Arabian elephantiasis myself, and as the disease occurs with extreme infrequency in this country, my opinions upon this point are necessarily hypothetical, I therefore pass on to other parts of the subject, namely, prognosis and treatment.

The prognosis in Arabian elephantiasis, by the concurring testimony of all who have enjoyed extensive opportunities of observing the disease, is unfavourable. The disease does not, indeed, generally prove fatal; but, neglected in its first stages, it is little under the influence of treatment, and commonly ends in depriving the patient of the use of a limb, or otherwise in making him burthensome even to himself.

Called to see a patient in the first stages of the disease, there could be no doubt of the propriety of bleeding freely from the

general system, and, in case they can be procured, of following up this practice by the application of an abundance of leeches along the line of inflamed absorbents and absorbent glands; where leeches cannot be procured, cupping on each side of this line may very properly be substituted; the temperature of the part affected is, at the same time, to be regulated by being kept in a suitable position, and covered with a few folds of linen cloth dipped in some evaporating wash or cold water. The disease is in other respects to be treated as an acute inflammatory and febrile affection: antimonial and aperient medicines are to be prescribed; the diet is to be restricted, &c. The oxide of zinc, in doses of six or eight grains, has been particularly recommended for its power of controlling the vomiting, which is often so troublesome in the first periods of the disease.

When the disease has passed into the chronic stage, general blood-letting becomes unnecessary, and even the local abstraction of blood is not always followed by any very evident advantage.

The friction, compression, and even the kneading of the part affected, have occasionally been attended with good effects; by these means, indeed, combined with the use of purgatives, a leg which had been completely useless for twelve years was restored to its original dimensions, and all its former usefulness, under the superintendence of Messrs. Alard and Bayle. Scarification and local bleeding, united to graduated compression, have also been followed in some cases with the happiest results. Since the discovery of the powerful action of the various preparations of iodine on the absorbent system, it is very probable that kneading, and friction with an ointment of this substance in one or other of its combinations, will be found highly conducive to the success of whatever additional means of treatment may be held advisable. I should think that the powerful stimulus of the hot air and sulphur fume bath, either locally or generally, would also prove useful in promoting the absorption of the fresh deposits that mainly increase the bulk of the limb; I know of no means

at least half so efficient in dissipating simple œdematous swelling of the ancles and legs. Blistering and the insertion of issues have not been attended with such results as should induce us to have any confidence in their powers. When the parts affected are chapped and excoriated, the use of emollient and soothing applications is naturally suggested.

CHELOIDEA.

The disease of the skin which Dr. Alibert first described under the name of *cancroide*, and subsequently under that of *cheloide*, or *keloide*, from χελυς, a tortoise, is of extremely rare occurrence. The disease begins with some slight swelling of a portion of the integuments, which soon assumes the appearance of a flattened, irregularly shaped, rounded, oval, oblong, or angular tumor, shining on the surface, slightly depressed in the centre, hard and unyielding to the touch, of a pale or deep red colour, and covered with a cuticle of such tenuity and so much wrinkled, that it looks like the cicatrice of a burn which has penetrated deeply. This tumor is generally single, but is occasionally met with in greater numbers, as many as eight having been seen on different parts of the body of the same individual. Its size varies considerably, never exceeding a few lines in diameter in some cases, in others measuring from an inch and a half to two inches across. It is in one instance accompanied with a good deal of pain of a shooting kind, and with severe tingling sensations after meals ; in another, it is evolved, and attains a considerable size without being even observed by the patient. This tumor generally continues indolent through life ; it has also lately been said to have shrunk and disappeared spontaneously, in some few instances, after continuing for an indefinite period, in which event its situation is marked with a white and firm cicatrice, although nothing like ulceration had ever taken place.

This kind of tumor appears most frequently among the

youthful, and its usual seat is the bosom, between the mammæ, or on the front of the neck.

The tumor now indicated differs in many respects from cutaneous cancer: the disease occurs among the youthful, and consists of a flattish, raised patch of integument, of varying form and magnitude, standing out in pretty strong relief around its edges, and rather depressed in its centre, firm to the touch, forming an integral part, as it were, of the skin, which may be somewhat heightened in its colour, but is obviously unaltered in its structure, and showing no tendency to run into ulceration. These are very different from the characters exhibited by cancerous tubercles, which generally show themselves, among individuals of a certain age, in the guise of prominent, regularly rounded, dark purple or livid coloured tumors, surrounded with a circle of dilated vessels, and having a constant tendency to become open ulcers, and to infect the surrounding structures, particularly the absorbent vessels and glands. The firmness of the cheloid tumor, and the moderate depth of its colour, distinguish it sufficiently from nævus, or bloody tumor, of every description, soft to the touch, of a dark sanguineous hue, and frequently pulsating synchronously with the arteries.

The cheloid tumor is not a dangerous disease. It occurs among individuals who enjoy perfect health, and, in itself, shows no tendency to any conclusion that can implicate the safety of the individual affected. When it has degenerated into a foul and troublesome sore, this appears to have happened in consequence of injudicious attempts to discuss it by means of caustic and stimulating applications.

Curative measures ought therefore to be used with great discretion in this form of disease. The sulphur douche has appeared to reduce the hardness of the tumors, and gentle frictions with the hydriodate of potash and iodine ointment, have seemed to aid the process of resolution.

ORIGINAL OR ACCIDENTAL UNUSUAL STATES

OF THE SKIN,

NOT REFERABLE TO INFLAMMATION.

The order Maculæ of Willan, Bateman, &c. includes diseases the most dissimilar in their characters, appearances, and causes; it even comprises conditions of the skin which are the opposite of maculated or stained, which consist, in fact, in the absence of all colour. I have, therefore, along with Rayer and others, separated these unusual states of the skin into two divisions, the one characterized by a diminution or absence of pigmentary matter,—Achroa,* the other by an increase or alteration of the natural pigment, or colour of the surface,—Dischroa.†

These orders differ essentially from the whole of the more general and comprehensive classes of cutaneous affections, as well as from the individual diseases assigned as types of additional genera, which we have hitherto been engaged in considering. The achroa and dischroa are unaccompanied with those symptoms of local inflammation or congestion, and disordered sensation, which we have hitherto found inseparable from the exanthematous, vesicular, pustular, and other elementary forms of the cutaneous diseases. They are, on the contrary, frequently congenital affections, and are attended with no symptoms which betoken either local derangement of function, or general constitutional disturbance.

* A, priv. and χροα, colour.

† Δυς, faulty, and χροα.

ACHROA.

By this term I designate those congenital or accidental, general or partial, colourless states of the skin, depending upon a want of the pigmentary or usual colouring matter of the rete mucosum.

LEUCOPATHIA.

The state familiarly known by the name of *leucopathia*, or *albinism*, in which the skin is of an uniform dull milky white colour, and the hair resembles bleached flax or silk, marks the general occurrence of this peculiar state of integument. The hair of every part of the body presents the same peculiar appearance. The iris is of a decided pink hue, and the retina and choroid, seen through the pupil, present another shade of the same colour. The *Albino* cannot endure the bright light of day; he is only at his ease in a darkened chamber, during cloudy weather, or on the approach of twilight, when he distinguishes objects very accurately. Albinos are said generally to have exhibited indications of a feeble constitution, and even of imperfect moral and intellectual, as well as physical development. There does not, however, appear to be any very obvious and necessary connexion between the absence or abundance of the colouring matter of the skin, and the state of the intellectual and moral faculties; indeed we occasionally see near approaches to the albino state without any evidence of deficiency mentally or bodily. Albino animals, which are frequently met with, show much the same aptitudes as those that have coloured skins and hair.

The albino state is invariably congenital. It has been

supposed to be more common in certain parts of the world than in others, and to occur more frequently among the negro tribes, than the races with skins of various degrees of whiteness. The condition is not remediable: disordered function we can often arrest, and sometimes even rectify; original faulty formation we can no more change than we can control the succession of events in the material universe.

VITILIGO.

When, instead of being general, a colourless state of the skin occurs partially, or in patches, the condition is designated *vitiligo*. In its congenital form it is very analogous to what is observed among piebald animals, and as it is most frequently seen among negroes, these in the colonies are actually spoken of as *pied*, or parti-coloured. When the colourless patches occur on parts naturally covered with hair, this appendage is of the same blanched appearance as the skin. Vitiligo also occurs occasionally among whites accidentally. It is then usually seen upon the scrotum, which is covered with spots, patches, or striæ, of a milky white colour. These are not accompanied either with heat or any other unusual sensation. This affection is of no consequence, and as it does not require, so neither is it benefited by, treatment of any kind.

DISCHROA.

Those who are the subjects of organic disease of different descriptions, often exhibit a very sallow and dingy state of the skin. As we know that in one organic disease especially, —*melanosis*, there is an extraordinary deposit of carbonaceous matter, so does it appear that in certain disordered states of the system, the pigmentary or colouring matter of the rete mucosum is secreted in extraordinary abundance, or of an unusually dark shade of colour. Such changes of colour of the whole surface are known occasionally to take place rather rapidly. But as it is impossible to separate the consideration of this accidental state of the surface from that of the disease of which it forms a mere and often a very unimportant symptom, I shall say no more on this subject in this place.

Another very remarkable and very permanent change of colour in the integuments, frequently follows the continued internal use of the nitrate of silver. The colour thus produced is a dark leaden grey, and gives a most unseemly and even frightful cast to the countenance. It very frequently continues undiminished in intensity to the end of life, though some few cases have been observed, in which it faded materially; in none upon record, however, is it stated to have disappeared entirely. However deep the shade of colour, the functions of the skin do not seem to be sensibly implicated; and this being the case, it is impossible to consider the change as a disease, in the ordinary acceptation of that word. None of the attempts that have been made to modify the coloured state of skin induced by the administration of nitrate of silver, have hitherto been attended with the least success. It is probable that the salt, after being received into the circulation, is deposited within the substance of the cutis vera and upon the pigmentary membrane, in the state

of a muriate, where it remains exactly as charcoal, minium, vermilion, &c. introduced under the cuticle by means of punctures, do, without causing any irritation, or interfering with the ordinary functions of the tissues it impregnates.

LENTIGO; FRECKLE.

Lentigo is the title given to the small rounded brownish-yellow coloured stains that appear upon the face, throat, bosom, hands, &c. more especially of individuals who have hair of different shades of red, and a clear complexion. Freckles evidently appear in greatest numbers on parts of the body habitually exposed to the light and heat of the sun; but they do not seem to result from the direct action of the sun's rays, for in those of the complexion mentioned, who are predisposed to them, they occur, even from the period of birth, in situations never exposed to the light. Freckles are usually most abundant in childhood and youth; they are commonly much less conspicuous in manhood and old age. The cuticle covering the individual spots is pliant and natural; the cutis vera that supports them is unaffected with any the slightest symptom of derangement. They appear to consist in extraordinary accumulations of colouring matter on individual points of the surface. The cosmetics so commonly recommended for the removal of lentigo, do not generally appear to have any influence upon its continuance.

EPHILIS.

This word is often used in two senses: in the one it is taken as synonymous with lentigo, or with no greater diversity of meaning, than as signifying a less permanent kind of freckle, developed under the influence of exposure to the sun and weather; in the other it is employed to designate the

partial discoloration which I shall proceed to describe under the title of

CHLOASMA; LIVER SPOT.

Chloasma is characterized by one or more broad irregular shaped patches, commonly of a lighter or darker shade of yellow or yellowish brown, and occurring most frequently on the front part of the neck, on the breast, abdomen, groins, and inner aspects of the thighs, although there is no point of the surface of the body upon which they may not and do not occasionally appear. These patches are at first isolated and distinct, but increasing slowly, they coalesce, and spread so much as at length to cover extensive regions with a single coloured blotch. The patches of chloasma do not generally rise perceptibly above the general level of the surrounding surfaces; in some cases, however, they are very slightly elevated. They are very commonly affected with some degree of pruritus, which induces the patient to rub them with his clothes, and even to use his nails in scratching; this sensation of itchiness increases with exposure to heat, indulgence in spirituous liquors or highly seasoned food, and in consequence of active exercise. By and by the cuticle splits, and is detached in shreds of larger or smaller dimensions. But this is not a necessary termination of chloasma, the patches of which are sometimes very evanescent, and do not continue longer than a few days, in some cases not longer than a few hours, when they vanish as they came, without other evident alteration in the part affected than a simple change in its shade of colour. Females about their menstrual periods, and during pregnancy, are the usual subjects of these evanescent forms of chloasma.

The causes of chloasma are frequently not very evident. In some cases it evidently depends upon a particular state of the system, such as that which occurs on the approach of the menstrual period, and during the continuance of pregnancy.

Generally, however, those in whom the affection in its more permanent form appears, declare themselves to be in the enjoyment of perfect health, so that it is often difficult to assign any satisfactory reason for such an accumulation of pigmentary matter in particular regions. We do see pigmentary spots, very similar in their general appearance to the patches of chloasma, following the application of blisters, the presence of the bullæ of pemphigus, the cure of venereal eruptions and ulcers, &c.; but in these cases there has been manifest and often violent excitement of the parts affected, and this is what certainly has not occurred in the surfaces that are the seat of chloasma.

Chloasma is not apt to be confounded with any other form of cutaneous affection. The patches, indeed, when dark, often bear a great resemblance to nævi of different descriptions but these last are congenital and permanent marks, free from every feeling of pruritus, and not at all under the influence of treatment of any kind.

The form of chloasma which has been mentioned as appearing under particular circumstances, or in conjunction with particular conditions of the system, is generally a very evanescent and very insignificant affection, which requires no remedial measures. Occurring along with pregnancy it usually disappears after the earlier months are passed, and when the system has become habituated as it were to the change that has taken place; yet it occasionally continues during the whole period of utero-gestation, and only disappears after delivery.

Sulphur, in one or another of its usual forms, appears to be a kind of specific in chloasma. Its spots disappear rapidly under the internal use of any of the common sulphureous mineral waters, as well as by the external employment of the same agents in the form of baths. When they resist these measures, the sulphur fume bath will be found to dissipate them almost with a single application.

The following case differs in many particulars from chloasma as now described. But for the entire absence of spon-

taneous desquamation from the surface, I should have spoken of it among the squamous affections, as a variety of pityriasis *(pityr. versicolor)*; the absence of every symptom of constitutional lues made me hesitate to speak of it among the syphilides, although the gentleman who was its subject regarded it himself as depending on a secondary taint of the system; in short I knew not where to place it, save in the situation it now occupies. I have ventured to entitle it

A CASE OF CHLOASMA VERSICOLOR.

On the 15th of November, 1825, Mr. A., a medical gentleman, consulted me for a peculiar discoloration of the skin under which he had laboured for the last eight years. Mr. A. was apparently in good health, but the whole surface of the body, as well as that of the arms, thighs, and legs, was marbled over with dark parti-coloured streaks and irregular patches of all dimensions. No part of the skin thus affected was raised above the general level, or scaly, or the seat of any morbid sensation, as it is in pityriasis and psoriasis, and the patches were no where orbicular, as they are in lepra. The streaks and patches exhibited various shades of colour; many of the former particularly were of a yellowish or light brownish colour, others were of a livid cast, but the greatest number both of streaks and patches were of deeper or lighter shades of a bluish grey, so that the surface of the body and limbs presented a very similar appearance to a slab of variegated marble, in which blue streaks and markings predominate.

Many years previously Mr. A. had contracted syphilis in India, and the staining of the surface described he considered as an evidence of a remaining constitutional taint, for the eradication of which he had tried all imaginable means unavailingly, and it was for the purpose of ascertaining the effects of the sulphur fume bath, as a last resource, that he put himself under my care.

I could detect no symptom to countenance Mr. A.'s supposition of the cause of the discoloration of the skin depend-

ing on syphilis, so that the baths were commenced immediately. He took a dozen baths with no other apparent effect, than that of causing the detachment of some cuticular laminæ and making the streaks and patches more visible than before. He discontinued the fume bath to see what the effect of further desquamation would be. December 24th, Mr. A. returned to resume the bath, considerable desquamation having taken place in the interval, and the colour of the streaks and patches now appearing fainter. His general health was so good, that he informed me he would not have thought of resorting to medical treatment of any kind had he not been about to be married. He therefore came, resolved to put the efficacy of the sulphur fume bath fairly to the test in his own particular case, at least; and although six drams, or at most an ounce, of sulphur is the quantity commonly used in charging the fumigating apparatus, he chose to have this quantity increased an ounce every time he took the bath. Four ounces were borne with impunity; five ounces caused considerable smarting, particularly of the scrotum and flexures of the joints; six ounces occasioned so much uneasiness that he was obliged to leave the apparatus, but this was not done until the whole of the scrotum was denuded of its cuticle. Mr. A. was now obliged to stay at home, to nurse himself and to use appropriate remedies.

January 8th, 1826, He again presented himself at my house. There had not been sufficient time for much desquamation to take place, but the streaks and patches appeared still more faint; the whole of the cuticle was thickened and hardened. Sulphur fumigations were resumed daily, four ounces of sulphur being the quantity used on each occasion. On the 14th, six ounces were tried a second time, but with the same consequence as before. On the 23rd, when I saw this gentleman once more, the skin had become exceedingly hard, the cuticle was cracking in many places, and so dirty looking and opaque, that it was difficult to ascertain the effects of the remedy on the discoloured parts. At this time there must have been little or no insensible perspiration thrown off from

the surface of the body; water was made frequently and in large quantities. The sulphur fumigations were resumed daily for twelve days, the quantity used never exceeding four ounces on any occasion. At this time the skin looked exactly like dirty parchment wrapped round the body. The baths were discontinued. June 6th, the skin had gone on desquamating or peeling from the date of the last report, and the cuticle still continued to be detached in the form of furfuraceous dust. There were now only indistinct vestiges of the discoloration to be seen. The fumigations were resumed, each of four ounces of sulphur, in order to bring about a repetition of the abundant desquamation, as after each process of the kind the chloasma had become less apparent. Small doses of oxymuriate of mercury were on this occasion combined with the use of the sulphur fumigations, and by the end of the year very faint traces only in a few places were all that remained to indicate the previous existence of the deep discolorations that have been described.

NÆVUS.

Two very different forms of congenital affection of the skin are commonly spoken of under the common title of *Nævi*. The first of these depends on an alteration of the pigmentary membrane, and is of no importance in a pathological point of view, nor indeed in any other, save on account of the deformity which it sometimes occasions. This species of congenital malformation I shall speak of under the title of *pigmentary nævus*, *spilus* or *mole*. The second, or vascular *nævus*, properly so called, is owing to an original morbid condition of the blood-vessels of some part of the skin, or of the cellular membrane immediately beneath it, and is an affection of more interest, and one that often proves serious in its consequences.

Spili or pigmentary nævi are met with of all dimensions, of every form, naked, covered with the softest down, or beset with bristly hairs, and of every shade of colour between a

pale tawny and a deep black. Spili in some cases do not differ sensibly from the accidental alteration of the pigment we have denominated chloasma, save in the circumstance of their being congenital, and not under the influence of the remedial measures which promptly cause chloasma to disappear. Spili are observed to occur on every part of the body, but with especial frequency on the face, throat, and bosom. When of very small size they are not looked upon as any deformity; on the contrary, a small mole upon the cheek is sometimes held rather as a heightener of female beauty than otherwise. When large, the effect is very different. These spili, I have said, are of various shapes, as well as of different sizes; oblong and covered with short brown hair, they have been fancied to bear some resemblance to a mouse, or to a portion of some other animal; in which case there is seldom wanting a tale of how the mother, during her pregnancy with the child thus marked, was frightened by a mouse or a rat, or had had a dead mouse or rat thrown at her, &c. Tales of this kind are never readily disproved, and are therefore very generally accredited by the vulgar. In the present state of our information with regard to the mode of existence of the embryo, it is impossible to speak as to the precise degree in which the corporeal state of the fœtus is or may be influenced by the mental condition of the mother; reason and philosophy, however, lead strongly to the conclusion that after the period of conception the embryo is evolved by its own inherent powers in a very independent manner: no matter where the ovum falls, whether it be into the cavity of the uterus or of the abdomen, it contracts adhesions, and the included embryo then seems to grow in no very essential particular differently, save in the mode by which nutriment is conveyed to it, from that in which it continues to increase afterwards, when as an infant it becomes dependent on the breast for its support. It would be out of place were I to pursue this subject further here.

Besides the tawny and hairy spili now spoken of, Dr. Rayer informs us that he once saw a young man whose eye-

lids, and cheeks in the vicinity of the eyes, were of a bluish colour, similar to that which follows a burn with gunpowder, and a child upon the lumbar region of which there was a stain of a blackish grey, very like what is produced by spreading a thin layer of mercurial ointment upon the skin. These stains were therefore of the same colour at least, and very probably of the same nature, as those with which Mr. A, whose case has just been related under the head of chloasma, was affected.

Spili are not remediable by any kind of internal treatment, and can only be got rid of by being destroyed with caustic or removed with the knife, by either of which means unseemly cicatrices, often productive of fully more deformity than the original blot, remain. In general, therefore, it is better to resist than to yield to the wishes of those affected with spili to have them removed by an operation.

Vascular nævi, as their name implies, are not the product of any merely unusual state of the pigmentary membrane, but of the blood-vessels—arteries and veins, entering into the constitution of some portion of the skin. Instead of the usual tawny brownish or blackish tint of spili, vascular nævi are mostly of the colour of claret or port wine. Far from being as it were extraneous, and beyond the influence of the more evident actions of the economy, like spili, vascular nævi partake in the visible changes that accompany accidentally increased or diminished action of the heart and sanguiferous system generally; thus they are much redder or rather darker in colour under moral excitement than when the mind is at rest; their tint also becomes deeper after meals, upon exposure to an elevated temperature, &c.

Cutaneous vascular nævi show tendencies of very different kinds; whilst some of them continue indolent, on a level with the skin, and unaccompanied with any thing like increased action through life, others, almost from the hour of birth, show a disposition to enlarge, to rise above the surface of the skin, and to become formidable from the kind of actions of which they are the seat. The more indolent of these nævi seem constituted by

a simple dilatation of the arteries, but especially of the veins, distributed to the part of the skin affected; the more active species seem to be new formations, and to consist of the erectile tissue which has been so ably described in recent times by the celebrated Dupuytren of the Hôtel Dieu. It is rather remarkable that the danger of increase in these vascular nævi should generally appear to be in the ratio of the smallness of their dimensions at the time of birth: a broadish purple nævus seldom increases or becomes formidable; a red speck, little larger than a pin's point, and of a bright red colour, very frequently acquires such dimensions in the course of some months or years, that it becomes indispensably necessary to check its further increase by an operation.

Vascular nævi bleed profusely when accidentally and even very slightly wounded. The more indolent species occasionally inflame and ulcerate. On becoming open sores they do not always show a disposition to bleed. When they are large, and the ulcerative process attacks their whole surface, they are generally succeeded by hard and unyielding cicatrices, which often prove sources of much inconvenience, and always causes of great deformity. Compression and the continued application of astringent and evaporating lotions, are the curative means which have been most powerfully recommended to our notice in the treatment of this form of congenital malformation; and it is certain, for the fact reposes on the testimony of Mr. Abernethy, that these measures perseveringly employed have occasionally succeeded in checking the increase, and even in causing the disappearance, of one variety of nævus. There is no question, however, of their frequent, and perhaps their more general inutility. Tying the trunk of the principal artery of the region affected, with the subsequent assistance of compression and cold lotions, has succeeded in some important instances; as for example, when the disease was developed within the circle of the orbit, in arresting the growth of nævus. But this is a procedure that is not often either available or advisable; and we have then no resource when the disease shows a tendency to extend but a

surgical operation. The ligature is frequently to be preferred to the knife in these cases. When the use of the latter is determined on, the incisions must be made completely without the limits of the disease, and in such directions as shall enable us by bringing their edges together to form a linear cicatrice.

Instead of being evolved within the substance of the skin, vascular nævi are sometimes situated in the cellular membrane underneath it. The same pathological views and principles of treatment apply to these as to the cutaneous species we have just considered somewhat particularly.

ALTERATIONS OF THE APPENDAGES OF THE SKIN,

MORE PROPERLY OF

THE PARTS WHICH SECRETE AND SUPPORT THESE.

The proper appendages of the skin are the *nails* and *hair*. The *cuticle* is usually described as an integral part of the tegumentary envelope of the body; yet as neither vessels nor nerves are distributed to it, as the exhalants merely pierce without ramifying through it, and as it is exceedingly impermeable, perfectly insensible, and a mere secretion of the more superficial and vascular laminæ of the sensitive structures it clothes and defends, I have ventured to speak of it in this place as an appendage of the skin, along with the nails and hair.

Once secreted, the appendages of the skin are no longer under the influence of the vital processes to which they owe their existence; it is only in the moment of formation that they feel the effects of any thing like disordered function in the surfaces, matrices, or bulbs that produce them. The malformations or alterations of the cuticle, nails, and hair encountered, consequently, are due to disordered function in the parts upon which they depend respectively; those of the cuticle, in the vascular rete; those of the nails in their secreting matrices; and those of the hair in its formative bulbs. This consideration made me feel the propriety of adding the second clause to the heading of this chapter.

The appendages of the skin undergo a constant process of abrasion or decay and of renovation: the cuticle is for ever

falling off in minute plates, the nails wear away from the points, and the hair becomes dry and brittle at the ends, in the same proportion as the first is eliminated by the vascular structures beneath it, as the second are elaborated by their matrices, and the third is spun out, as it were, by its secreting bulbs. The tales that are current of sudden changes in the appendages of the skin, particularly of the hair, under the influence of grief and other depressing moral emotions, are to be taken with extreme reserve. Certainly the vital actions by which these parts are produced, may be and are influenced by all that powerfully influences the system generally, and violent grief may indispose the hair bulbs for the secretion of colouring matter in combination with the proper horny substance of the hair, by which it will be produced of a dull white instead of a brown or black hue; but this change can only take place at the root of the hair; all that is beyond the surface of the skin is no more liable to be altered by any modified action in the bulbs than it is when woven by the skill of the perruquier into the net work of a wig.

ALTERATIONS OF THE CUTICLE. ICHTHYOSIS.

The most remarkable morbid condition of the cuticle commonly encountered, is denominated *Ichthyosis*, or *Fish-skin disease*.

This alteration is almost always congenital, at all events, it appears at a very early period of extra-uterine existence, and is either general or partial. Even when general, there are certain parts that mostly enjoy immunity from its presence, whilst there are others, again, on which it is very commonly particularly developed: the eyelids, and face generally, the axillæ, groins, and prepuce, the palms of the hands and soles of the feet, are rarely affected, even when every other part of the body is incased as it were in a rugged shell; the knees, and fronts and outer surfaces of the legs and thighs, the elbows and outer and posterior aspects of the fore-

arms and arms, on the contrary, are usually more thickly beset than any other districts. These, too, are the common situations of the affection when it occurs partially, though it is also frequently met with on the front of the neck, on the breast, and on the upper and posterior parts of the trunk.

Ichthyosis is characterized by a morbid condition of the cuticle, which appears thickened in various degrees, split into square and angular compartments of different forms and sizes, commonly of a dirty greyish, greenish, or brownish colour, and resting upon a surface which is not obviously, at least, the seat of any unusual or deranged action.

This affection, as I have said, is rarely visible at the period of birth; within the two first months however it generally shows itself very decidedly. The surfaces about to become its seat have a sallow or dirty appearance, become rough to the touch, and sometimes even feel thickened and indurated. The cuticle then begins to be secreted of greater thickness and a darker hue than common, and, by and by, splits into various sized compartments of the fashion described. The cuticle in ichthyosis is never truly squamous; that is, it never appears in imbricated plates like the scales of a fish, or the squamæ of lepra and psoriasis; the cuticle of the parts affected cracks very much in the lines of the slight furrows that occur naturally on the surface both of the cutis and cuticle, after the manner of the outer bark of a tree, to which, when the affection is of long standing, it in general bears a much greater resemblance than to the skin of any fish, or even to the horny covering of the legs of fowls, to which it has been compared.

As the alteration advances the rugged cuticle often becomes of great thickness, having been seen little short of half an inch in some cases. In spite of this extent of change, the production does not seem to differ from healthy cuticle in its sensible or chemical properties. In some rare cases, instead of being of the dark greenish brown colour it usually presents, the thickened cuticle is of a greyish white, and somewhat opalescent, or pearly on its surface. Instead also of appear-

ing mechanically divided or cracked into angular pieces, as it usually does, the cuticle is sometimes produced in the form of pointed prolongations, as if it had been moulded upon the papillæ, like the shorter and blunter quills of the porcupine; whence individuals affected in this manner have been described under the fanciful appellation of *porcupine men.*

The alteration of the cuticle denominated ichthyosis occurs of every degree of intensity: occasionally very slight, the surface of the region affected merely looks dirty and a little powdery, and to the touch is simply dry and somewhat rougher than usual; in other instances it is, as described, covered with a horny shell, cracked in all directions, as hard as shagreen and as rough as the bark of the elm tree. The hardened pieces of cuticle may generally be detached in succession without pain, and without leaving any redness behind them, just as their formation has been accomplished without increased heat, or any uneasy sensations of smarting or pruritus. It has happened in some cases that, during the heats of summer, the surfaces affected with ichthyosis have thrown off and remained free from their horny covering for a time. The same result has also been brought about by the repeated use of the vapour bath and various other means. The integuments are then often found to be very nearly normal in all respects; the cutis may perhaps appear in a very slight degree thickened, and the furrows of its outer surface rather more distinct than usual, but this is the whole that is visible. The cuticle, in its former thickened and altered state, is gradually reproduced.

Ichthyosis, even when almost general, is not accompanied with any notable derangement of the system at large. The cutaneous perspiration is uniformly suppressed over the whole of the surfaces affected, but sometimes appears to be more than usually copious on such parts as continue free from the alteration. Many individuals, though affected with ichthyosis from their infancy, have lived to a good old age, in the enjoyment of as fair a proportion of health as falls to the lot of the bulk of mankind. The affection is very commonly

congenital, and is developed under the influence of an hereditary cause, the nature of which is unknown to us; when it occurs accidentally, it has been said generally to follow some violent emotion of a moral kind, such as a paroxysm of anger, a fit of grief, &c. Both sexes are liable to the affection; but men seem to be the subjects of ichthyosis more frequently than women. Edward Lambert, who had laboured under ichthyosis from his infancy, and whose case is detailed by Dr. Willan in his work on cutaneous diseases, had a son, now living in London, and whom I saw lately. The son is affected to a less extent than the father was, the alteration occurring only in large patches on the limbs, breast, and back; still it is very marked, as may be imagined when I say that the horny cuticle is in some places half an inch thick. This man has children; the boys he informs me become affected during their first year in the same manner as himself; the girls, without exception, escape entirely. This I believe was the case also in his father's family, he and his two brothers being nearly in an equal degree affected with ichthyosis from their birth, whilst his sisters presented no corresponding peculiarity on any part of the body. The same fact of hereditary transmission of ichthyosis through the male branches of families only, has been remarked in other cases.

Individuals in all ranks of society seem equally liable to be affected with ichthyosis, nor does climate or mode of life appear to exercise any influence on the frequency of its development; the contrary of this has, I am aware, been advanced, but upon no sufficient grounds.

Ichthyosis appears with characters so peculiarly its own, and is so completely without all the symptoms that accompany each and every one of the affections of the skin, which we have hitherto described, that there seems no danger of confounding it with any of them. It would, therefore, be a waste of time and space to enter upon a lengthened enumeration of the particulars which distinguish ichthyosis from the half dozen diseases to which it has been presumed to bear some resemblance; a resemblance which is much more in

imagination than in fact. The absence of every thing like the distinct forms of elementary lesion, by which the vesicular, pustular, papular, squamous, and other cutaneous diseases commence, and the almost uniformly congenital nature of the alteration, ought never to leave a doubt as to the identity of ichthyosis.

Congenital and hereditary diseases generally are little under the influence of remedial measures of any kind, and there is not one of this class that is more rebellious than ichthyosis. The altered cuticle may indeed be detached by the continued use of the vapour bath, and of emollient topical applications, but it is speedily reproduced with all its original characters. I once tried the influence of the sulphur fume bath in the cases of two brothers, privates in the Coldstream regiment of Foot Guards. Both of the men improved greatly whilst they were under my care; but I make no doubt the amendment would have proved no more than temporary. As it was, I soon lost sight of my patients, they having been both discharged from the regiment on account of some improper conduct. Willan believed he had prescribed pitch or tar internally in some cases of accidental ichthyosis with advantage. Other practitioners have not been so fortunate with this article, the use of which has consequently been for some time entirely given up. All that seems really useful in ichthyosis, is to anoint the surfaces affected, from time to time, with some softening liniment, and by the use of the tepid bath occasionally, to detach, as much as may be without violence, the horny and impenetrable covering of altered cuticle under which they are concealed.

ALTERATIONS OF THE NAILS.

The nails are subject to what may be held a chemical alteration of their forms and texture, from the application of various substances employed in many of the mechanical

arts especially. Hatters, dyers, bleachers, scourers, &c., have often the nails of their fingers split and deformed in a very singular manner. The nails are also liable to become secondarily affected by the extension of several diseases of the skin to their secreting matrices. They are perhaps more frequently seen altered in conjunction with inveterate lepra, and psoriasis, than along with any other form of cutaneous affection. Implicated under these circumstances, the nails are laminated and friable, and at length differ little from a mass of squamæ evolved on any other part of the surfaces affected.

ONYCHIA.

By much the most important idiopathic affection connected with the nails, consists in the peculiar inflammation of their secreting matrices, to which the title of *onychia* has been given.

The most frequent cause of inflammation of the matrices of the nails is a bruise, or some other injury done to the extremities of the fingers and toes. The detachment of the nail is the natural consequence of such mechanical violence, if it have been of any considerable amount. Acute inflammation of the ungueal matrix of the toe or finger implicated sets in, accompanied with severe pain, and sometimes no small amount of sympathetic fever; matter is formed between the nail and the sensitive structures under it, which soon makes its way to the surface, and is shortly after followed by the fall of the nail. The inflammation then subsides, and by and by a new nail making its appearance the injury is repaired.

The painful affection styled *the nail grown into the flesh*, from the merely mechanical irritation it occasions, is sometimes, though rarely, followed by inflammation of the proper matrix of the nail. The great toe is the usual seat of this affection, which seems almost invariably to result from the practice of wearing tight shoes. When the affection is recent

and slight, soothing topical applications, and rest, with some means to defend the sensitive structures under the edge of the nail from its injurious pressure, will generally suffice to remedy the evil. If the nail be very broad at the point, and it be a sharp corner that is causing the mischief, this may be removed, and a small dossil of soft lint placed between the cut edge and the soft parts below.

When the *nail in the flesh* is of longer standing and has occasioned more extensive irritation, suppuration, and the production of fungous growths by its side, various procedures have been recommended as remedies for the evil. The parts by the side of the crooked nail have been destroyed in a variety of ways,—by the application of caustic, the use of the actual cautery, removed with the knife, &c.; still these measures, though in general very painful, were for the most part discovered to afford no more than temporary relief: the faulty conditions upon which the disease depended were left unmodified, and as the parts grew, the nail was commonly found growing into them, and causing as much suffering as before.

The best means of remedying the evil in question, appears to me to be that proposed and repeatedly practised with complete success by the Baron Dupuytren. This consists not in taking away the parts injured, but in removing the part inflicting the injury—the nail. This is easily done, and is by no means complained of as so painful an operation as it might be supposed. One blade of a pair of strong, but narrow and finely-pointed scissors, made for the purpose, is passed rapidly under the middle of the nail from the point to the root, and the part divided longitudinally into two halves. The half whose edge is doing the mischief, is then seized with a pair of forceps, and by being turned back upon itself, is readily loosened from its attachments with the matrix. The other half need not in general be interfered with, but left as a defence to the point of the toe. The irritation now subsides rapidly; the parts contract to their natural dimensions, and as the new nail grows, which

it does very quickly, it covers and defends, instead of irritating, the soft parts in its vicinity; and this it will continue to do, provided the causes which led to the disorder in the first instance are prevented from again exerting their pernicious influence.

Inflammation of the matrices of the nails frequently occurs also from purely constitutional causes; indeed it is only under these circumstances that the disease presents itself with the features which may be said to be proper to it. Onychia appears to attack the matrices of the thumb and great toe nails more frequently than those of the other fingers and toes. In its earliest stage it is characterized by a red semi-circle surrounding the root of one or more of the nails; this by and by swells, increases in breadth, especially in the middle, so as to acquire a crescent shape, and is accompanied with a considerable degree of pain, which is more particularly complained of along the line of union between the root of the nail and the inflamed skin. The inflamed parts soon ulcerate, and generally discharge a profusion of fetid and discoloured purulent matter mixed with blood. The nail meantime becomes thick and of a dirty yellow or greenish colour, and is gradually detached from the parts about its root; finally, it is loosened from its matrix entirely, and either appears on the dressings, or is taken away when adhering by a mere film of cuticle. The exposed matrix presents a rough, uneven surface, covered with offensive pus, and surrounded with an inflamed and prominent border, which bleeds with the slightest touch, or even when the digit affected is moved. The matrix next begins to make many abortive attempts to produce another nail; rounded pieces of a yellowish horny substance make their appearance often on various parts of its surface at the same time, and unite subsequently into uneven and irregular masses, that seem frequently to prove sources of continued and additional irritation, the inflamed surface around them bleeding every time it is exposed to the air, and being the constant seat of excruciating pain. The local symptoms at this stage occasionally attain such a pitch of intensity that

the general system suffers. Indeed the lymphatic vessels proceeding from the part affected may frequently be traced like red lines underneath the skin, and then we have restlessness, sleeplessness, quick pulse, thirst, derangement of the chylopoietic viscera, and all the accompaniments often of pretty severe sympathetic fever.

Onychia as now described is always a tedious and painful affection. It is very little under the influence of treatment of any kind, and it often happens that the only resource left us is with the knife to remove the whole of the diseased parts, or if this does not seem very practicable, to perform the amputation of the unguiferous phalanx of the digit affected. Mercury internally has been recommended on good authority in onychia. This medicine, however, has much more frequently disappointed expectation than been found beneficial. As an external application there is nothing better than the black wash, (lime water eight ounces, calomel one dram,) and I am much mistaken if I have not seen this topical remedy alone arrest the disease when applied in an early stage of its existence.

The causes of onychia are very obscure ; it is very generally seen attacking individuals of a scrofulous habit. The disease has also been described as one of the consequences of a syphilitic taint of the system. Each of these considerations may, in its turn, influence us in some particulars at least of the treatment we should hold it advisable to pursue, and ought consequently to be borne in mind when we have a case of the kind in hand.

ALTERATIONS OF THE HAIR.

I do not recollect that the hair is under any circumstances observed to undergo changes similar in kind to those of the nails from the contact of acids, alkalis, &c. We frequently see the hair become felted into cakes during the course of protracted illnesses, but this accident is merely mechanical.

The secreting bulbs of the hair are secondarily or primarily affected in several of the diseases we have already described. The exanthematous fevers are particularly apt to cause a temporary suspension of their functions, so that the hair is generally shed on the return of convalescence. In some instances this suspension is not merely temporary, but amounts to a complete annihilation of their office, when permanent baldness is the consequence. Porrigo, whether situated primarily in the hair bulbs, as some have supposed, or not, is invariably accompanied by at least the temporary fall of the hair from the parts affected. The morbid processes of elephantiasis seem also to interrupt very completely, or even to destroy entirely, the functions of the piliferous bulbs. But by much the most interesting affection of these organs is the disease endemical in Poland, and known to us under the name of

PLICA.

This affection seems to consist in a peculiar inflammation of the piliferous bulbs, and is mostly accompanied with, and in no inconsiderable degree characterized by, a preternatural development, and felting or matting together of the hair upon the regions affected.

Plica is said to be commonly preceded by symptoms of general constitutional disturbance. The hairy scalp then becomes extremely tender to the touch; the particular hair bulbs affected are swollen, and so sensitive that the slightest movement of their hairs causes excessive pain; they also secrete a viscid fluid in considerable quantities, which agglutinates the hair into masses, without the necessary accompaniment of any thing like felting, although this very commonly goes along with its division into the masses or ropes so constantly seen in plica. The accidental manner in which this matting together occurs has given an opportunity to some nosologists to divide the disease into several species; thus when the hair is clubbed into one uniform and irregular mass,

Alibert has denominated the affection *plique en masse;* when it is divided into several separate and twisted locks, he entitles the disease *plique multiforme;* and when the whole or a considerable portion of the hair is united into a single tail, which oftens grows to a great length, and bears no inconsiderable resemblance to the tail of a horse, he names the disease, *plique en queue.*

Plica is by no means always confined to the hair bulbs of the scalp; those of the face, axillæ, pubes, and other regions habitually covered with strongish hair, are also liable to be affected; the hair of the pubes has been seen growing to such length under the influence of plica as to reach below the knee. It is remarkable that the nails should very generally be diseased in cases of plica: they are uneven and discoloured, and either grow extremely long and crooked, or are shed in consequence of their matrices taking on disordered actions of a nature analogous to those of onychia.

Plica is an affection which is never seen in this country; and in spite of all that has been written on the subject, a considerable degree of obscurity still surrounds the pathology of the disease. There can be little doubt but that the principal seat of the complaint is, as I have described it, in the hair bulbs; but we have no precise information on the source of the discharge which accompanies it, nor on the morbid anatomy of the parts affected.

The causes of plica have been sought for in the custom which the inhabitants of the districts in which it is endemical have of keeping their heads closely shaved. This practice, however, is universal all over the East, and was once very common throughout Europe, yet I have never heard that plica prevailed extensively any where save in Poland. It seems probable therefore that the disease must be sought for in some other contingency than in the habit of shaving the head, to say nothing of its frequent occurrence on the pubes, axillæ, &c. parts which are not usually shaved, nor exposed to extensive varieties of temperature.

All that has been said in regard to the treatment of plica amounts to this, that the parts affected are to be freed from the tangled masses of hair which cover them, by means of sharp scissors, that they are to be bathed repeatedly with emollient tepid fomentations, and kept lightly covered, sudden alterations of temperature being guarded against, and that particular attention is to be paid to personal cleanliness.

USEFUL FORMULÆ.

BATHS.

SULPHUREOUS WATER, OR ARTIFICIAL BARRÉGE'S BATH.

℞. Sulphuret. potassæ, ℔i.
Aquæ, Cong. xxx. M.

SULPHUREO-GELATINOUS BATH.

℞. Sulphuret. potassæ, ʒij—ʒiv.
Aquæ, Cong. xxx.

Add to this solution,

Ichthyocollæ, ℔i—℔ij.
in aquæ bullientis soluta ℔x. M.

This bath is preferable to the artificial Barrége's bath, as it is neither irritating, nor apt to occasion feverishness, which the common sulphureous water bath is.

A cheaper and not less efficacious gelatine may be procured by dissolving from ℔iß to ℔ii of parchment clippings in water, by long boiling, or by using a neat's or calf's feet for the purpose.

EMOLLIENT BATH.

To an ordinary tepid water bath add a large basin full of thick gruel or paste, and mix it well with the water.

One or other of these baths is often of great use in prurigo, eczema, lichen, and impetigo.

NITRO-MURIATIC ACID BATH.

℞. Acid. nitrici, ʒiij.
Acid. muriatici, ʒi. M.

To be added to the water of a tepid bath, which should then be about as sour as distilled vinegar.

SUBLIMATE BATH.

℞. Hydrarg. chloruret (oxy-muriat.), ʒii—ʒi.
Aquæ tepid. Cong. xxx.

Sometimes prescribed in syphilitic affections, when we would avoid the action of the medicine on the stomach. Thirty are said in general to be sufficient for the cure.—Formulaire de l' Hôpital des Vénériens.

ALKALINE BATH.

℞. Potassæ sub-carbon. ʒiv—ʒviii.
Aquæ tepid. Cong. xxx. M.

Very useful in promoting desquamation from the skin, and in allaying pruritus in several forms of prurigo especially.

ARTIFICIAL HARROWGATE BATH.

℞. Sodæ muriat. ℔ij.
Magnes. sulph. ʒiij.
Potassæ sulphuret. ℔i.
Aquæ, Cong. xxx.

FUME BATHS, OR FUMIGATIONS.

SULPHUR.

Sulphur sublimat. ʒi—ʒij—ʒiii.

CHLORINE.

℞. Oxid. nigr. manganes. ʒß.
Acid. muriat. ʒi.

It is sometimes advisable to substitute this bath occasionally for that of the sulphur fumes, when the disease of the skin, for which these are prescribed, proves very rebellious. It soon occasions the mouth to become sore, like the nitro-muriatic acid bath.

MERCURIAL.

Hydrarg. oxid. cinerei, ʒi—ʒij—ʒiij.

The grey oxide is preferable to the red sulphuret of mercury or cinnabar, as it does not occasion coughing when inhaled, which cinnabar always does. It is, on the same account, greatly superior to cinnabar for fumigating ulcers in the throat.

AROMATIC.

℞. Gum. benzoin. ʒiv—ℨi.

Aromatic effluvia may also be raised in the heated air bath from any other of the fragrant gum resins, essential oils, &c.

LINIMENTS AND LOTIONS.

℞. Potassæ sulphuret. ʒiij.
Sapon. mollis, ℨi.
Aq. calcis, ℨviij.
Spirit. vin. rect. ʒij. M.

This is a good wash in porrigo especially, but is also useful in many other species of cutaneous disease.

℞. Liq. potassæ, ʒij.
Ol. oliv. ʒiij.
Aq. rosæ, ℨi. M.

℞. Liq. potassæ, ʒij—ʒiv.
Aq. rosæ, ℨii. M.

These are both of great service in cases of obstinate lepra and psoriasis especially.

℞. Acid. nitrici,
Acid. muriat. āā gtt. xx.
Aquæ rosæ, ℨvi. M.

This may sometimes be used with good effect in cases of pityriasis and of chloasma.

℞. Hydriod. potassæ, ʒß.
Spirit. tenuior. ℨi—ℨiv.
Aq. rosæ, ℔ß. M.

℞. Hydrarg. chloruret. (corrosive sublimate,) gr.viii.
Aquæ rosæ, ℔i.
Spirit. vini rectif. ʒi—ʒii.

These are both excellent lotions in cases of acne. They may be made with emuls. amygd. amar. instead of rose water.

Eczema of the fingers.

℞. Hyd. oxy-muriat. gr.ij—vj.
Spirit. vin. rect. ʒi. M.

Impetigo, Eczema, Lichen, &c.

℞. Liq. plumb. sub-acet. ʒi.
Spirit. vin. rect. ʒi.
Aq. distill. ℔i. M.

℞. Acid. hydrocyanici, ʒij.
Hyd. oxy-muriat. gr.iij.
Mist. amygdalæ, ʒvj.
A. T. Thomson.

Impetigo, &c. &c.

℞. Sulphat. alumen.
——— zinci, āā, ʒi.
Aq. ferventis, ℔ß. M.
Adde acid. sulphur. ʒß.

℞. Acid. hydrocyanici, ʒij.
Plumb. acetatis, gr.xvj.
Aq. distill. ʒviiß.
Spirit. vin. rect. ʒij. M.
A. T. Thomson.

℞. Hydrargyri, ʒi,
Acid. nitrici, ʒii.
Aq. distill. ℔v.

Treat the mercury with the nitric acid, and complete the solution by adding the distilled water; half an ounce is used morning and evening as a lotion in scabies, prurigo formicans, &c. It does not stain the linen. The solution of the mercury in an excess of nitric acid is one of the best caustics and escharotics we possess, in arousing indolent sores generally, and in arresting the morbid actions of phagedènic ulcers, as of lupus, &c.

A solution of uniform strength for use as a caustic, may be prepared as follows:

℞. Hydrarg. proto-nitrat. sicc. ʒi.
Acidi nitrici, ℥i. M.

OINTMENTS, CERATES.

℞. Hydrarg. proto-chlorur. (sub-muriat.) ʒi.
Adepis suil. ℥iß. M.

This is one of the best of all topical applications in lepra, and several other forms of squamous disease.

℞. Unguent. hydrarg. nitrat.
Cerati plumbi acet. āā ℥ij. M.

℞. Hydrarg. proto-chlorur.
Plumbi acetat. aa ℈ij.
Unguent. hydrarg. nit.
Unguent. simpl. āā ℥ß. M.

℞. Unguent. zinci, ℥i.
Hyd. proto-chlorur. ℈ij. M.

℞. Hyd. præcip. alb. ʒij.
Ol. oliv. ʒvj.
Unguent. ceræ alb. ʒij.
Tinct. benzoin. comp. gtt. xxx. M.

℞. Hyd. deuto-chlorur. (oxy-muriat.) ℈ij.
Vitelli ovi, iij.
Unguent. ceræ alb. ℥ij. M.

℞. Hydriod. potassæ, ℈i—℈iij.
Unguent. ceræ, ʒi. M.

℞. Iodini, gr.xij.
Hydriod. potassæ, ℈iv.
Unguent. simpl. ʒij. M. LUGOL.

℞. Deuto-ioduret. hydrarg. gr.xv—xxiv.
Adepis præparat. ʒij.
Ol. limonis, gtt.xx. M. BIETT.

℞. Proto-iodur. hydrarg. ʒß.
Adepis præparat. ʒiß.
Ol. limonis, gtt.xx. M. BIETT.

℞. Iodur. sulphuris, gr.xx—xxx.
Adepis præpar. ʒi.

The ointments of iodine are all powerful resolvents, and are often of great use in discussing indolent enlargements, tuberculations, &c.

℞. Unguent. ceræ alb. ʒii.
Plumbi sub-carbon. ʒii.
Cretæ præparat. ʒß. M.

A useful application in the acute stages of eczema, impetigo, lichen, &c.

℞. Emplast. plumbi, ʒi.
Ceræ alb. ℥ß.
Ol. oliv. ʒß. vel q. s. ut ft. unguent.
WILLAN.

In Impetigo.

℞. Sulph. sublim. ʒii.
Potassæ sub-carbon. ʒi.
Adepis suillæ, ʒiv. M.

Better than the common sulphur ointment in scabies.

℞. Sulphur. loti, ℥ß.
Sodæ boracis,
Ammon. muriat. āā ʒß.
Hydrarg. præcip. alb. ℈i.
Unguent. simpl. ℥i. M.

DR. SIR W. RUSSELL.

Used much in India for the cure of scabies.

℞. Sodæ sub-carbon.
Potassæ sulphurati, āā ʒij.
Adepis præparat. ℥ij. ALIBERT.

In porrigo.

℞. Unguent. hydrarg. nitrati, ʒij.
——— zinci oxydi, ℥ß.
——— cetacii, ℥ß. M.

BATEMAN.

℞. Sodæ sub-carbon. ʒij.
Ext. opii aquosi, gr.x.
Adepis, ℥ij. BIETT.

In prurigo.

℞. Sodæ sub-carb. ʒiij.
Calcis, ʒii.
Adepis, ℥ij. M.

As a depilatory in porrigo.

ARSENICAL PASTE.

℞. Oxid. arsenic. alb. gr.x.
Hydrarg. sulphuret. rub. ℈ij.
Pulv. carbon. animal. gr.x.

A little of this powder is moistened, at the time of application, with water, and spread upon the diseased surface with a small spatula.

ASIATIC PILLS.

℞. Protoxidi arsenici, gr.lv.
Piperis nigri, ʒix. M.

To be well beaten for four days, at intervals, in an iron mortar, and when impalpable, to be made into a mass with water, and divided in 800 pills. Each pill contains about $\frac{1}{13}$ part of a grain of arsenic. The dose is one daily, and must not exceed two, if we wish to continue the medicine long.

There are various other formulæ for the preparation of the Asiatic pills. The one I follow myself may be found page 223, 224.

℞. Proto-arseniat. ferri, gr.iij.
Ext. humuli lupuli, ʒij.
Pulv. althææ, ʒß.
Syrupi q. s. ft. pil. 48. BIETT.

Dose, one pill a day, which after a considerable time may be increased to two.

℞. Sulphur. sublim. ʒiß.
Pulv. myrrhæ.
—— rhei, āa ʒß.
Terebinth. Venet. ʒß.
Aquæ q. s. ft. massa, et divide in pilulas, singul. pond. gr.iv.

One or two morning and evening.

RIDGWAY.

℞. Hydriod. potassæ, ʒi.
Aq. distillat. ʒi. M.

Dose, xv—xxx drops twice or thrice a day.

℞. Iodini, gr.v.
Hydriod. potassæ, gr.x.
Aq. distillat. ℥iv.

Dose, six drops twice a day, gradually increasing to forty.

℞. Tinct. lyttæ, ℥ß.
Mist. amygdalæ, ʒiijß. M.

A tea spoonful twice a day.

In various chronic affections of the skin.

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BEING AT THE SAME TIME

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Area. Porrigo *decalvans* (Willan).

Aspredo. Aspretudo. URTICARIA.

B

Bacchia. ACNE rosacea.

Baker's itch. PSORIASIS of the hands.

* N. B. The words here printed in SMALL CAPITAL LETTERS, are the titles under which the several diseases of the skin and the subjects connected with them are discussed in the foregoing pages. By referring to the capital letter titles, in their proper alphabetical places, the particular pages at which they are treated of will be found indicated.

Baras. Elephantiasis Græcorum.
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D

Dandriff. Pityriasis.
Dartre. Tetter. A word which has been used at one time or another to designate almost the whole of the diseases of the skin. The following are from the works of Alibert principally.
Dartre furfuracée volante. Pityriasis. Eczema. Lichen.
——— ——— arrondie. Lepra.
——— squameuse humide. Eczema chronicum. Lichen agrius.
——— ——— orbiculaire. Lepra.
——— ——— centrifuge. Psoriasis palmaris.
——— ——— lichenoide. Psoriasis inveterata.
——— crustacée flavescente. Impetigo figurata.
——— ——— stalactiforme. Impetigo figurata.
——— ——— en forme de mousse. Ecthyma. Impetigo.
——— rongeante idiopathique. Lupus.
——— ——— scrophuleuse. Lupus.
——— ——— vénérienne. Tubercular Syphilis.
——— pustuleuse mentagra. Mentagra.

Dartre pustuleuse disseminé. Acne simplex.
——— ——— couperose. Acne rosacea. Lupus.
——— ——— miliaire. Lichen. Acne simplex.
——— phlycténoide confluente. Pemphigus.
——— ——— en zone. Herpes zoster.
——— érythémoide. Chronic Erythema. Urticaria.
——— farineuse (Sauv.), Lichen.
——— fongeux. Ecthyma.
——— laiteuse. Eczema. Impetigo, &c.
——— sêche. Lepra. Psoriasis.
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Dry scall. Psoriasis.

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ERRATA.

Page. 31 Line 9 from bottom, for "it was" read, he was.
69 Line 14 from bottom, for "on" read, no.
101 Line 19, for "confluent pustules" read, distinct pustules.
128 Last line, for "phyzacia" read phlyzacia.
199 Line 15 from bottom, after "the word lepra" insert, or lepra *vulgaris*.
224 Line 2, for "846" read, 840
329 For "Ephilis" read Ephelis.
352 Lines 1 and 10 from top, for "Barréges" read, Barèges.
352 Line 9, for "soluta ℔x. read, ℔x. solutæ.

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